

Public Health Committee (PHC) Meeting Transcript – 12/13/2023

Original Air Date: 12/13/2023
Public Health Committee

Please note that the following transcript is for reference purposes and does not constitute the official record of actions taken during the meeting. For the official record of actions of the meeting, please refer to the Approved Minutes.

[9:02:15 AM]

GOOD MORNING.
GOOD
[CALL TO ORDER]
MORNING EVERYONE.
WELCOME TO THE AUSTIN PUBLIC HEALTH COMMITTEE MEETING.
MY NAME IS VANESSA FUENTES, AUSTIN CITY, COUNCILMAN PROUD TO SERVE AS CHAIR.
I'M JOINED TODAY WITH, BY OUR VICE CHAIR, JOSE VELAZQUEZ, COUNCIL MEMBER FROM DISTRICT THREE, AND COUNCIL MEMBER VELA FROM DISTRICT FOUR.
UH, WE HAVE A PACKED MEETING TODAY.
UH, A LOT TO GET TO.
WE HAD TO, UH, RESCHEDULE OUR NOVEMBER MEETING BECAUSE WE HAD A, UH, DISASTER PREPAREDNESS EXERCISE SCHEDULED FOR COUNCIL, UH, THAT THEN GOT RESCHEDULED TO LATER THIS AFTERNOON.
SO, UM, LOTS OF GOOD STUFF HAPPENING TODAY, BUT WE'LL KICK IT OFF BY,
[Public Communication: General]
UH, SEEING IF WE HAVE, AND FROM MY UNDERSTANDING, WE DO HAVE INDIVIDUALS HERE FOR PUBLIC COMMENT.

[9:03:18 AM]

YES, MA'AM.
WE HAVE FOUR SPEAKERS SIGNED UP.
THE FIRST SPEAKER ON DECK IS ANDREA, UM, LAURA LADO.
ANDRE RO.
THE NEXT SPEAKER IS PAULETTE TI.
PAULETTE SCHULTE, YOU HAVE TWO MINUTES.
ALL RIGHT.
THANK YOU.
GOOD MORNING.
THANK YOU FOR THE OPPORTUNITY TO TESTIFY.
UM, MY NAME IS PAULETTE SULTANI AND I'M THE CO-DIRECTOR OF AN ORGANIZATION CALLED VOCAL TEXAS.
UM, WE'RE A BRAND NEW ORGANIZATION.
WE GREW OUT OF THE TEXAS HARM REDUCTION ALLIANCE ORGANIZING PROJECT AND JUST LAUNCHED IN SEPTEMBER.

[9:04:15 AM]

SO WE'RE EXCITED TO BE HERE AND TO WORK WITH THE CITY COUNCIL.
UM, I AM HERE JUST TO TESTIFY, TESTIFY AND, AND GIVE A COUPLE OF COMMENTS AROUND THE HOMELESS STRATEGY OFFICE BECOMING AN INDEPENDENT OFFICE.

WE ARE REALLY HAPPY THAT THIS IS HAPPENING AND, UM, WE DIDN'T REALLY KNOW IT WAS HAPPENING UNTIL AFTER IT WAS ANNOUNCED PUBLICLY, BUT WE REALLY HOPE TO BE INCLUDED IN CONVERSATIONS AND WE HOPE THE UNHOUSED COMMUNITY IS INCLUDED IN CONVERSATIONS ABOUT HOW THIS OFFICE IS GONNA OPERATE IN AUSTIN.

UM, WE RECENTLY HAD A REALLY PRODUCTIVE MEETING WITH THE HOMELESS STRATEGY OFFICE AND DAVID DAVID GRAY ABOUT IMPROVEMENTS AT THE MARSHALING YARD.

[9:05:15 AM]

AND SO WE WANNA CONTINUE THOSE CONVERSATIONS, OF COURSE, WITH THE HOMELESS STRATEGY OFFICE.

BUT HERE AT COUNCIL, WE WANT, HOWEVER POSSIBLE FOR US TO CREATE SPACE AROUND HOUSE AUSTINITES TO, TO HAVE A VOICE IN HOW THESE DEPARTMENTS ARE FORMED SO THAT THEIR INTERESTS CAN REALLY, TRULY BE HEARD.

UM, AND THEN LASTLY, I JUST WANNA SAY THAT AS THIS OFFICE IS GETTING UP, UM, TO START WORK, WE HAVE BEEN TALKING ABOUT DIFFERENT ISSUES THAT OUR UNHOUSED COMMUNITY WANTS TO WORK ON AND ORGANIZE AROUND.

AND ONE OF THE BIGGEST ISSUES THAT THEY WANNA WORK ON IN 2024 IS AROUND VOUCHERS.

SO JUST THE BROKEN VOUCHER SYSTEM THAT'S HAPPENING ACROSS AUSTIN.

UM, PEOPLE HAVE, I MEAN, HUNDREDS OF PEOPLE RIGHT NOW HAVE RENTAL ASSISTANCE PROGRAMS THAT ARE UNABLE TO USE THOSE PROGRAMS. UM, AND THEY'RE, THEY HAVE CASH IN THEIR POCKET, BUT THEY CAN'T PAY THE RENT 'CAUSE THEY CAN'T FIND A PLACE TO STAY.

THERE'S OTHERS THAT ARE CURRENTLY HOUSED AND, UM, WILL BE PUSHED BACK INTO HOMELESSNESS IF WE DON'T FIND A BETTER SOLUTION THAN THESE BROKEN PROGRAMS. AND SO, UM, THAT'S ALL.

BUT I WANTED TO MAKE SURE THAT WE HAD A, A PLACE TO SAY THAT WE'RE, WE'RE HAPPY THAT THIS IS HAPPENING AND WE HOPE TO CONTINUE TO WORK TOGETHER TO MAKE THIS OFFICE AS AS HELPFUL AS IT CAN BE.

THANK YOU.

NEXT SPEAKER IS WALTER MORROW, AND THEN SCOTT JOHNSON.

I'M WALTER MORROW, THE DIRECTOR OF FOUNDATION COMMUNITIES.

THANKS FOR THE CHANCE TO SAY A FEW THINGS.

UM, TWO THINGS.

[9:06:18 AM]

UH, FRIDAY IS THE DEADLINE TO ENROLL FOR MARKETPLACE HEALTH INSURANCE IF YOU WANT TO HAVE COVERAGE ON JANUARY 1ST.

SO, EVERYWHERE I'M GOING RIGHT NOW, I'M LETTING PEOPLE KNOW IF YOU DON'T HAVE COVERAGE OR FRIENDS OR FAMILY, SOMEBODY, YOU KNOW, UH, NOW'S THE RIGHT TIME TO CALL FOUNDATION COMMUNITIES.

OR IF YOU, IF YOU CAN NAVIGATE HEALTHCARE.GOV ON YOUR OWN, GREAT.

UM, BUT IF YOU'VE GOT ANYTHING TRICKY, WHAT DOCTORS, WHAT MEDICATIONS YOU NEED, IF YOU'RE A MUSICIAN AND HAVE VARIABLE INCOME, OR GIVE US A CALL.

UH, SECONDLY, I, I WANT TO MAYBE Y'ALL ARE AWARE, WE DO INCOME TAXES FOR OVER 15,000 FAMILIES A YEAR FOR FREE, PLUS OVER 5,000 HEALTH INSURANCE ENROLLMENT.

WE WERE, WE'RE NOT IN THE CITY BUDGET THIS YEAR.

UH, THERE WAS SOME MONEY FOUND TO HELP US GET THROUGH TAX SEASON.

UM, BUT I VERY SPECIFICALLY WOULD LOVE TO TALK WITH Y'ALL ABOUT HOW CAN WE BE INCLUDED IN THE CITY BUDGET.

WE'RE A SOLE SOURCE PROVIDER, THE ONLY GROUP IN TOWN THAT PROVIDES THESE BASIC CITY SERVICES.

WE'VE BEEN FUNDED ABOUT \$300,000 A YEAR FOR THE LAST 12 YEARS.

AND WE NEED THAT FUNDING TO EMPLOY THE SITE STAFF TO KEEP THOSE BASIC SERVICES GOING.

SO AS YOU THINK ABOUT A MID-YEAR BUDGET AND NEXT YEAR'S BUDGET, UM, WE NEED SOME HELP TO BE PART OF THAT CONVERSATION.

THANKS.

[09:07:15 AM]

THANK YOU.

UH, YES, IF I MAY CHAIR, UH, IS THERE A BET A PHONE NUMBER, UH, FOR FOUNDATION? UH, JUST THINKING ABOUT, UH, A REACHING OUT TO CONTACTS OUR FOUNDATION, UH, COMMUNITIES? 'CAUSE I'M

HAPPY TO SHARE THAT ON, UH, SOCIAL MEDIA AND TO, YOU KNOW, MAKE MY CONSTITUENTS AS AWARE OF IT AS POSSIBLE.

YEAH.

THE, UH, WE ENCOURAGE PEOPLE TO GO TO THE WEBSITE AT FOUNDATION COMMUNITIES BECAUSE THEY, THERE'S INFORMATION THERE ABOUT WHAT PAPERWORK TO BRING, AND YOU CAN SIGN UP FOR APPOINTMENTS.

UH, BUT PEOPLE CAN ALSO JUST CALL OUR MAIN NUMBER, UH, (512) 447-2026.

UM, AND THEY CAN FIND US.

THANK YOU VERY MUCH.

AND, UH, WE'LL MAKE SURE AND, UH, GET THAT OUT.

'CAUSE, UH, THERE ARE, UH, SUBSIDIES, YOU KNOW, FOR, UH, THE, IN THE, IN THE MARKETPLACE.

NOW'S THE TIME.

YEAH, NOW IS ABSOLUTELY THE TIME.

THANK YOU FOR, UH, THAT MESSAGE.

THANK YOU.

NEXT SPEAKER IS SCOTT JOHNSON, AND THEN CHASE WRIGHT.

[9:08:15 AM]

GOOD MORNING, MADAM CHAIR AND COUNCIL MEMBERS.

I'M THE CREATOR OF THE CITY OF AUSTIN HOMELESS STUDENT ASSISTANCE FUND, AS ALL OF YOU KNOW.

AND I'M HOPING TO SHARE THE, THE INFORMATION TO, UH, SOME NEW FOLKS WHO ARE LISTENING IN, UH, TO THIS, OR WE'LL SEE IT ON TAPE.

Y'ALL HAVE SHOWN ME LOVE BY PUTTING THINGS IN YOUR NEWSLETTER AND SOCIAL MEDIA AND HAPPY FOR THAT.

THE HOMELESS STUDENT ASSISTANCE FUND THROUGH A ISD HELPED 939 STUDENTS IN THE 20 22 20 23 SCHOOL YEAR.

THE INFORMATION ABOUT THE PROGRAM, AS IT'S KNOWN IN A ID PROJECT HELP IS THERE.

THE URL, THE HOMELESS STUDENT ASSISTANCE FUND IS HOSTED BY THE CITY OF AUSTIN'S UTILITY BILL, AND IT HELPS STUDENTS THROUGHOUT TRAVIS COUNTY.

THOSE WITHIN THE SERVICE AREA OF AUSTIN ENERGY, WHICH INCLUDES EIGHT SCHOOL DISTRICTS, THE LARGEST, AND THE ONE THAT RECEIVES THE MOST FUNDING IS A ISD AUSTIN INDEPENDENT SCHOOL DISTRICT.

[9:09:18 AM]

THE FUNDS WILL BE USED FOR FOOD ASSISTANCE, CLOTHING ASSISTANCE, AND ASSISTANCE GETTING TEMPORARY SHELTER.

AND THE REMITTANCE HAPPENED ALREADY.

I CONTACTED THEM.

AND SO ABOUT \$16,000 IS THERE FOR PROJECTS AS THEY COME IN OVER THE NEXT MONTHS.

A HUNDRED PERCENT OF THE DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT THAT THE LAW ALLOWS WHEN SOMEONE BECOMES AN ADULT AND THEY'RE ALREADY HOMELESS WHEN THEY'RE STUDENTS.

THEY HAVE BARRIERS THAT ARE ALREADY BUILT IN TO THEIR LIVES.

AND SO WE, WE KNOW FROM RESEARCH THAT THAT CAN HAPPEN, THAT CONTINUUM OF BEING HOMELESS.

AND WE'D LIKE PEOPLE TO KNOW WHO ARE LISTENING, THAT THIS WILL HELP STUDENTS AND HELP THEM REACH THEIR POTENTIAL.

[9:10:15 AM]

AND IT GIVES THEM, IT HAS LIFELONG IMPLICATIONS.

SO YOU CAN DONATE WHETHER YOU PAY ONLINE, BILL, PAID DIRECT DEBIT FROM YOUR BANK ACCOUNT BY CHECK.

AND THE INFORMATION IS THERE AT THE BOTTOM ON HOW TO DONATE.

SECOND SLIDE, PLEASE.

AT THE VERY BOTTOM, WE DID INCREASE THE AMOUNT OF FUNDING THAT WENT TO THE HOMELESS STUDENT ASSISTANCE FUND STARTING FEBRUARY OF 2023.

I DON'T HAVE THE MOST CURRENT DATE.

I TRIED TO GET IT, BUT I WAS A LITTLE LATE IN ASKING FOR IT.

WE'RE HOPING TO BUILD ON THIS INITIAL SUCCESS AND HOPE THAT THE TREND LINE IS FOR CONTINUED IMPROVEMENT IN THE AMOUNT OF DONORS AND DONATIONS TO THE HOMELESS STUDENT ASSISTANCE FUND.

PLEASE GIVE GENEROUSLY IF YOU CAN, ONCE PER YEAR IS A BETTER OPTION THAN, THAN MONTHLY EVEN.

THANK YOU VERY MUCH.

YOUR TIME IS ESPECIALLY.

[9:11:18 AM]

THANK YOU.

THE NEXT SPEAKER IS CHASE WRIGHT.

HELLO.

GOOD MORNING, COUNSEL.

UH, MY NAME IS CHASE WRIGHT.

I'M THE EXECUTIVE DIRECTOR OF THE HUNGRY HILL FOUNDATION.

UM, WE ARE A HOLISTIC WORKFORCE IN EAST AUSTIN, UH, CENTERED AROUND HELPING UNHOUSED INDIVIDUALS TRANSITION BACK INTO SOCIETY THROUGH WORK OPPORTUNITIES.

UM, WE CURRENTLY SERVE OVER 187 CLIENTS IN A MONTH'S TIME THROUGH OUR WORKFORCE, UH, OUTTA THOSE 187.

THROUGHOUT THIS LAST QUARTER, 40 INDIVIDUALS HAVE WORKED THEIRSELF BACK INTO PERMANENT SUPPORTIVE HOUSING THROUGH OUR WORKFORCE.

UM, WE ARE ONE OF THE ONLY AFRICAN AMERICAN LED NONPROFITS IN EAST AUSTIN.

I HEAR A LOT OF INDIVIDUALS TALK ABOUT EAST AUSTIN AND BEING FROM EAST AUSTIN, UH, I'M A FIFTH GENERATION AUSTIN KNIGHT.

UH, AND AND WHAT THAT REPRESENTS FOR ME IS I'VE NEVER LEFT MY COMMUNITY.

[9:12:18 AM]

I'VE NEVER LEFT MY HOME.

SO WHEN IT COMES TO RESOURCES, I KNOW WHERE RESOURCES COME INTO OUR COMMUNITY, AND I KNOW RESOURCES DON'T.

UH, FOR ONE TODAY, UM, I COULD GO ON A LOT, BUT I'M HERE 'CAUSE I'M EXCITED FOR ONE, UM, THAT HSD CHOSE TO PRETTY MUCH MAKE THEIR OFFICE, UH, STAND OUT AS AN INDIVIDUAL.

AND SOLO HSD HAS DONE ITS PART IN OUR COMMUNITY.

UM, THEY'VE BROUGHT RESOURCES TO OUR COMMUNITY.

I'VE WORKED CLOSE WITH AMBER PRICE AND THE HOST TEAM, UH, WITH THEM BRINGING RESOURCES TO OUR COMMUNITY.

THE BOTTOM LINE IS WE NEED MORE.

WE NEED MORE.

UM, OUR NEIGHBORS HAVE BEEN CONTRIBUTING TO THE HUNGRY HILL FOUNDATION.

THEY'VE CONTRIBUTED OVER \$600,000 IN THE LAST 12 MONTHS TO MAKE SURE THAT THIS WORKFORCE IS SUCCESSFUL.

WHY? BECAUSE THERE WAS A NEED.

UH, WE HAD OVER 30 INDIVIDUALS

[9:13:15 AM]

LIVING IN A PARK IN, UH, SPRINGDALE PARK NEIGHBORHOOD.

WE'RE GLAD TO SAY THERE'S ONLY ONE INDIVIDUAL STANDING IN THAT PARK.

NOW.

A LOT OF THOSE INDIVIDUALS TRANSITION OVER TO COMMUNITY FIRST VILLAGE, WHERE THEY NOW LIVE IN THESE HOMES THAT THEY CALL THEIR FOREVER HOMES.

UM, A LOT OF OUR CLIENTS SUFFER BARRIERS THAT NO OTHER CLIENTS SUFFER.

UH, WE LOOK TO AIM TO EXPAND MORE BARRIER FREE WORK OPPORTUNITIES.

WE ARE MOVING INTO THE ST.

JOHN'S AREA.

WE HOST ONE OF THE ONLY RESOURCE HUBS AND RESILIENCE CENTERS THAT OFFER FULL PROGRAMS IN EAST AUSTIN OFF OF SPRING 2012.

WE MAKE SURE AN INDIVIDUAL HAS FOOD, CLOTHES, AND ANY RESOURCES IT NEEDS TO BE SUCCESSFUL ON HIS FIRST DAY AT WORK.

THAT IS BUILDING A CULTURE THAT IS FINDING A SOLUTION TO ACTUALLY ENDING HOMELESSNESS.
WE BELIEVE THAT YOU CAN'T PLACE AN INDIVIDUAL IN HOMES WITHOUT WORKFORCE.
WE'RE ASKING THE CITY TO STEP IN AND HELP US WITH ITEM LINE.
THANK YOU.
THAT IS ALL THE SPEAKERS YOU HAVE SIGNED UP.
THANK YOU.
UH, AND THANK YOU TO ALL THE PUBLIC COMMENTS TODAY.

[9:14:15 AM]

IT'S, IT'S A WONDERFUL WAY TO KICK OFF OUR PUBLIC HEALTH COMMITTEE MEETING TODAY, AND I'M PLEASED TO HEAR, UH, SUCH SUPPORTIVE COMMENTS FOR THE RESTRUCTURING AND MOVING OF THE HOMELESS HOMELESSNESS STRATEGY DIVISION INTO ITS OWN, UM, DEPARTMENT.

SO THAT'S GREAT TO HEAR.

UH, TEAM, WE'RE GONNA HAVE, WE'RE GONNA GO THROUGH, I'M GONNA LAY OUT THE AGENDA.

UH, WE'RE GONNA LOOK AT APPROVING THE MINUTES FROM OUR LAST COMMITTEE MEETING.

FROM THERE, WE WILL APPROVE OUR COMMITTEE MEETING CALENDAR FOR 2024.

CAN'T BELIEVE WE ARE JUST FEW WEEKS AWAY FROM A NEW YEAR.

UH, AND THEN WE'RE GONNA SWITCH UP THE AGENDA AND TAKE UP ITEM SIX FIRST, WHICH IS THE UPDATE FROM CENTRAL HEALTH.

WE'LL THEN HEAR FROM CITY STAFF AND GAVA AROUND THE COMMUNITY OWNED FOOD RETAIL INITIATIVE PROJECT THAT COUNCIL INITIATED A FEW YEARS AGO.

AND WE'LL HAVE A BRIEFING ON ISSUES RELATED TO HOMELESSNESS BY DAVID GRAY.

AND THEN WE'LL BREAK INTO EXECUTIVE SESSION TO DISCUSS POSSIBLE RE-APP APPOINTMENTS TO THE CENTRAL HEALTH BOARD OF DIRECTORS.

AND, UH, AND THEN WE'LL COME BACK OUT TO CLOSE OUT THE MEETING.

ANY QUESTIONS ON THE AGENDA? ALRIGHT.

OKAY.

SO

[9:15:15 AM]

[1. Approve the minutes of the Public Health Committee meeting on September 20, 2023.]

WE'RE GONNA MOVE ON TO ITEM NUMBER ONE, WHICH IS APPROVAL OF OUR PREVIOUS MEETING MINUTES, WHICH IS THE COMMITTEE MEETING HELD ON SEPTEMBER 20TH, 2023.

CAN I GET A MOTION? THANK YOU.

VICE CHAIR OF VELASQUEZ, SECONDED BY COUNCIL RIVERA.

ANY OBJECTION TO APPROVING THE MEETING MINUTES? SEEING NONE, THOSE MINUTES ARE APPROVED.

NOW WE'LL

[2. Approve the 2024 Public Health Committee annual schedule]

MOVE TO ITEM NUMBER TWO, WHICH IS THE 2024 PUBLIC HEALTH COMMITTEE MEETING SCHEDULE THAT SHOULD BE IN YOUR BACKUP THAT YOU HAVE PROVIDED TO YOU.

YOU'LL SEE THAT, UM, WE WILL CONTINUE MEETING THE FIRST WEDNESDAY OF THE MONTH FROM 10:00 AM TO NOON.

UH, AND THANK YOU ALL FOR ALLOWING US TO MEET A LITTLE BIT EARLIER TODAY.

WE HAD TO ACCOMMODATE THE, UH, DIFFERING SCHEDULE, SO WE WANTED MAKE SURE WE CAN MAKE QUORUM.

UM, CAN I GET A, A MOTION TO APPROVE THIS CALENDAR MOTION BY COUNCIL MEMBER VELA, SECONDED BY COUNCIL MEMBER VICE CHAIR OF VELASQUEZ.

ANY OBJECTION? SEEING NONE.

WE APPROVE THE 2024 PUBLIC HEALTH COMMITTEE MEETING ANNUAL SCHEDULE.

AND WITH THAT,

[9:16:20 AM]

[6. Update on the Continuum of Care for Unhoused Persons and the Health Equity Plan from Central Health.]
WE'LL NOW MOVE INTO OUR CENTRAL HEALTH UPDATE.

SO IF WE COULD GET, UM, THE INDIVIDUALS WHO WILL BE PRESENTING TODAY ON, ON CENTRAL HEALTH.

AND THIS IS PARTICULARLY AN UPDATE ON THE CONTINUUM OF CARE FOR UNHOUSED PEOPLE AND THE HEALTH EQUITY PLAN.

I'M PLEASED TO HAVE OUR HEALTHCARE DISTRICT HERE PROVIDING AN UPDATE TO OUR COMMITTEE.
WELCOME.

THANK YOU CHAIR FUENTES.

AND ALSO THANK YOU COUNCIL MEMBER VELA AND COUNCIL MEMBER VELAZQUEZ.

IT'S A PLEASURE TO BE HERE.

UM, MY NAME IS ELA VASOS AND I'M THE DEPUTY ADMINISTRATOR AT CENTRAL HEALTH.

WITH ME HERE IS MONICA CROWLEY, CHIEF STRATEGY OFFICER AND SENIOR COUNSEL.

WE ALSO HAVE TODAY PRESENTING, UM, MIKE GLIN, OUR PRESIDENT AND CEO SOON TO BE DEPARTING, UM, UNFORTUNATELY, AND ALSO, UM, ALAN SASHA, OUR CHIEF MEDICAL OFFICER.

SO I WANT TO FIRST OF ALL JUST START BY THANKING YOU FOR INVITING US TO, UM, UPDATE YOU ON CENTRAL HEALTH SERVICE DELIVERY, STRATEGIC PLAN, AND CORRESPONDING OPERATIONAL IMPLEMENTATION PLANS.

IN SHORT, OUR HEALTHCARE EQUITY PLAN AS PART OF THE PRESENTATION, UM, AND ALSO INTEGRAL TO HEALTHCARE EQUITY.

UM, WE'RE ALSO GOING TO BE SPEAKING ABOUT SOME OF THE SERVICES WE PROVIDE FOR PEOPLE WHO ARE UNHOUSED.

SO WE SHARED WITH YOU A SLIDE DECK WITH A LOT OF INFORMATION, UM, ABOUT CENTRAL HEALTH'S CURRENT SERVICES AND INITIATIVES.

WE INVITE YOU TO REVIEW THE SLIDE DECK FOR TODAY.

WE'RE GOING TO FOCUS ON ABOUT 10 SLIDES.

UM, DUE TO TIME LIMITS, OF COURSE, WE ARE OPEN TO ANSWERING ANY QUESTIONS IN THE SLIDE DECK IF, UM, THE CHAIR ALLOWS.

UM, AND AGAIN, AND ALSO JUST WANNA LAY

[9:17:15 AM]

OUT OUR, OUR OBJECTIVES.

AND OUR, OUR HOPE FOR TODAY IS THAT YOU WALK AWAY WITH SEVERAL TAKEAWAYS.

BUT THE THREE THAT, UM, WE ARE HOPEFUL THAT YOU WILL WALK AWAY WITH ARE, UM, THAT THERE ARE MODERATE TO SIGNIFICANT GAPS IN NEARLY EVERY PART OF OUR HEALTHCARE SAFETY NET SYSTEM IN TRAVIS COUNTY.

WE RECOGNIZE THAT.

AND THE HEALTHCARE EQUITY PLAN REALLY IS ABOUT FOCUSING OUR EFFORTS ON AND RESOURCES ON BRIDGING THOSE GAPS.

NUMBER TWO, THIS IS A HEALTHCARE EQUITY PLAN FOR TODAY.

UM, THE SLIDES WILL SHOW THAT THIS IS NOT A PLAN FOR TOMORROW.

UH, WE'VE ALREADY BEGUN THE WORK AND WE'VE MADE SIGNIFICANT PROGRESS ALREADY IN SOME AREAS.

UM, LASTLY, UM, WE HEARD SOME OF THE, UM, PUBLIC COMMENTS, UM, TALK ABOUT SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESS.

WE, WE RECOGNIZE AND UNDERSTAND THE IMPORTANCE OF FOCUSING ON, UH, SERVICES FOR PEOPLE WHO ARE UN UNHOUSED.

AND THAT IS ALSO A PRIMARY FOCUS OF OUR HEALTHCARE EQUITY PLAN.

AND, AND WE LOOK FORWARD TO SHARING SOME OF THAT WITH YOU TODAY.

SO WITH THAT, I'M GOING TO HAND IT OVER TO MONICA TO BEGIN THE PRESENTATION.

THANK YOU SO MUCH, BARLA AND, UH, THANK YOU COUNCIL MEMBERS FOR HAVING US HERE TODAY.

UM, SO WE WE'RE GONNA SKIP THROUGH THIS SLIDE ABOUT WHAT CENTRAL HEALTH IS.

THERE'S INTERESTING INFORMATION THERE.

IF ANYBODY HAS QUESTIONS, PLEASE DON'T HESITATE TO REACH OUT.

AS DEPUTY ADMINISTRATOR CSOS NOTED, CENTRAL HEALTH HAS BEEN WORKING OVER THE PAST TWO TO THREE YEARS ON DEVELOPING OUR HEALTHCARE EQUITY

[9:18:18 AM]

PLAN AND OUR SERVICE DELIVERY IN IMPLEMENTATION AND FINANCIAL SUSTAINABILITY PLANS, UM, AROUND THAT HEALTHCARE EQUITY PLAN.

UM, AND THIS IS ALL FOCUSED ON CREATING A HIGH PERFORMING HEALTHCARE SYSTEM, UM, ACROSS EVERY ASPECT OF CARE THAT, UH, PEOPLE WITH LOW INCOMES LIVING IN TRAVIS COUNTY NEED.

UH, THIS SLIDE DEPICTS THE APPROACH WE TOOK, WHICH INVOLVES, UM, WORKING WITH THE COMMUNITY, WORKING WITH, UH, PURCHASED KIND OF BENCHMARK DATA SETS, UM, FROM TEXAS AND AROUND THE COUNTRY, AND WORKING WITH OUR OWN DATA, UH, FROM THE COMMUNITY IN TRAVIS COUNTY TO ASSESS THE COMMUNITY NEEDS OF TRAVIS COUNTY, UH, RESIDENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LEVEL.

THEN WE IDENTIFIED PROJECTS AND INITIATIVES TO MEET THOSE NEEDS.

THEN WE ASSESSED THE, UH, CAPACITY AND STAGING OF PRIORITIES BASED ON URGENCY OF NEED TO DEVELOP OPERATIONAL ROADMAPS AND A FINANCIAL SUSTAINABILITY MODEL TO, UH, SUPPORT THIS OPERATIONAL IMPLEMENTATION.

[9:19:15 AM]

UH, NEXT WE DEVELOPED IMPLEMENTATION AND PERFORMANCE MONITORING PLANS, WHICH INCLUDE KEY PERFORMANCE IN INDICATORS THAT WE'LL USE TO, UH, MEASURE HOW WE ARE DOING IN IMPLEMENTING THESE PLANS, AND ALSO FOR REPORTING OUT ON HOW WE'RE DOING, IMPLEMENTING THE PLAN.

AND, AND THEN WE WILL BE MONITORING, EVALUATING, AND MAKING IMPROVEMENTS ON THE PLAN.

AND THE CIRCLE STARTS OVER IN A CONTINUOUS CYCLE OF, UH, ASSESSMENT AND IMPROVEMENT.

UM, THIS IS A SLIDE THAT I THINK FOLKS HAVE SEEN BEFORE.

THESE ARE THE COMPONENTS OF A HIGH FUNCTIONING HEALTHCARE SYSTEM THAT WERE KIND OF THE BASIS FOR WHERE WE STARTED WITH AS OUR NORTH STAR.

UH, IN ORDER WHEN WE SAY THAT THERE NEED TO BE SERVICES IN ALL ASPECTS OF THE SYSTEM, UM, THERE IS A LOT ON THIS SLIDE.

AND WHEN YOU HAVE A COMPREHENSIVE HIGH QUALITY SYSTEM WITH SERVICES THAT ARE AVAILABLE WHEN PEOPLE NEED THEM, THEN THEY ALL ARE COMPLETELY INTERCONNECTED AND PEOPLE ARE ABLE TO MOVE SEAMLESSLY FROM EVERY ASPECT OF THE SYSTEM, FROM PRIMARY CARE TO HOSPITAL CARE, WITH BEHAVIORAL HEALTH SERVICES WRAPPED AROUND EVERY PART OF THE SYSTEM AND THE STRUCTURAL, UH, AND NAVIGATION COMPONENTS SUPPORTING THAT MOVEMENT ACROSS THE SYSTEM.

UM, OUR SAFETY NET FOCUSED COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEMOGRAPHIC REPORT THAT FOLLOWED LAST YEAR, UH, LOOKED AT THE POTENTIAL ELIGIBLE POPULATIONS WE COULD SERVE, WHO CENTRAL HEALTH IS CURRENTLY SERVING, WHAT ILLNESSES AND SOCIAL BARRIERS THIS FACE WHERE THEY LIVE, AND WHAT OUR CAPACITY TO MEET THEIR NEEDS IS.

WE DID OUR FIRST SAFETY NET FOCUSED COMMUNITY HEALTH NEEDS ASSESSMENT, UH, TWO YEARS AGO THAT FORMED THE BASIS FOR OUR HEALTHCARE EQUITY PLAN.

WE FOLLOWED THAT UP WITH A DEMOGRAPHIC REPORT

[9:20:18 AM]

THAT WE DO AT LEAST EVERY TWO YEARS THAT INCLUDED UPDATED INFORMATION, UH, FROM THE LATEST CENSUS.

UM, AND WE DO THIS WORK ON AN INDIVIDUAL PROGRAM LEVEL AS WE'RE IMPLEMENTING SERVICE DELIVERY PLANS AND, UH, MEASURING HOW WE'RE DOING, UH, IN ORDER TO IMPROVE THOSE PLANS.

UM, ONE OF THE KEY TAKEAWAYS FROM THIS SLIDE, AND THIS HAS CONTINUED, UH, AS WE CONTINUE TO LOOK AT THE DEMOGRAPHICS, IS THAT IF YOU LOOK AT THE POPULATION SERVED BY CENTRAL HEALTH, THE BERG AREA ALONE MAKES UP 17% OF THE TOTAL POPULATION OF PEOPLE LIVING WITH INCOMES UNDER, UH, 200% OF THE FEDERAL POVERTY LEVEL.

AND 74% OF THE TOTAL POPULATION WITH, UH, INCOME LEVELS UNDER 200% OF THE FEDERAL POVERTY LEVEL ARE WITHIN ABOUT A MILE TO A MILE AND A HALF OF EITHER SIDE OF INTERSTATE 35.

UM, THIS IS ONE OF THE KEY TAKEAWAYS THAT, UM, DEPUTY ADMINISTRATOR CASOS MENTIONED, UH, AS A KEY TAKEAWAY AT THE BEGINNING, THAT THIS IS DESPITE DILIGENT EFFORTS AND, UM, UH, PERSISTENT, UH, EXPANSIONS IN PRIMARY CARE FOR PEOPLE LIVING WITH LOW INCOMES, UH, AND ALSO URGENT AND CONVENIENT CARE.

[9:21:15 AM]

UH, ONE OF THE THINGS THAT WE DISCOVERED IN OUR CAPACITY AND GAP ANALYSIS IS THAT THERE ARE MODERATE, WHICH MEANS THAT WE ARE MEETING BETWEEN 50 TO 70% OF THE NEEDS IN A CERTAIN CARE AREA TO SIGNIFICANT, WHICH MEANS THAT WE ARE MEETING LESS THAN 50% OF THE NEEDS IN AN AREA ACROSS EVERY AREA OF HEALTHCARE SERVICES THAT ARE AVAILABLE FOR THE POPULATION OF PEOPLE WITH LOW INCOMES IN OUR COMMUNITY AND ADDRESSING THESE GAPS.

LOOKING BACK TO THAT CIRCLE ON THE FIRST SLIDE WE TALKED ABOUT IS THE FOUNDATION FOR THE DEVELOPMENT OF 150 PROJECTS THAT WERE, UH, IDENTIFIED AND DEVELOPED SPECIFICALLY TO ADDRESS THESE COMMUNITY NEEDS AND IN THE ORGANIZATION OF THESE PROJECTS INTO, UM, INITIATIVES AND THE PRIORITIZATION AND SEQUENCING OF THESE PRO PROJECTS IN HOW WE WOULDN'T GO ABOUT ACCOMPLISHING THE WORK.

[9:22:18 AM]

UM, I'M NOT GONNA GO INTO THE NEXT THREE SLIDES, BUT JUST SO THAT THESE ARE AVAILABLE FOR EVERYONE, UH, TO SEE.

AND IF YOU HAVE QUESTIONS ABOUT, THEN, UM, YOU KNOW, PLEASE FEEL FREE TO ASK US ABOUT THEM.

YES.

IS THIS A TESTING DRILL OR IS THIS, IF SOMEONE CAN GO TO CHECK JUST TO MAKE SURE.

JUST I WANNA, IF WE NEED TO EVACUATE, WE NEED TO, UH, THANK YOU.

UM, BUT THEY'RE ALL 150 PROJECTS ORGANIZED BY COMMUNITY NEED ARE ON, UH, THE NEXT THREE SLIDES.

UM, AND THEN BEFORE, I'M GONNA HAND THIS OFF TO DR.

SALHA, WHO'S REALLY GONNA TALK ABOUT THE, UM, IMPLEMENTATION OF THE WORK THAT'S ALREADY GONE LIVE ALREADY, AND THAT'S UNDERWAY.

UH, JUST IF YOU LOOK, ONE OF THE POINTS THAT, UH, DEPUTY ADMINISTRATOR CSOS MADE IS HIGHLIGHTED ON THIS SLIDE.

[9:23:18 AM]

AND THAT ALTHOUGH THIS PLAN COVERS SEVEN YEARS WORTH OF WORK, UM, THE SIGNIFICANT PART OF THE INVESTMENT OF PEOPLE, TIME AND FINANCES TAKES PLACE IN THE FIRST THREE YEARS WITH YEAR ONE ALREADY BEING COMPLETE.

UH, ALSO, THE INVESTMENT OF THESE RESOURCES, UH, ARE NOT ONE TIME INVESTMENTS.

THEY'RE ONGOING SPENDS THAT INCLUDE GROWING AND EXPANDING OPERATIONAL COST AS WE SCALE THE PROGRAMS THAT DR.

SALHA IS GONNA TALK ABOUT, LIKE RESPITE CARE, LIKE SPECIALTY CARE, LIKE SERVICES FOR PEOPLE THAT ARE HOUSED IN PERMANENT SUPPORTIVE HOUSING, UM, THAT AS WE BUILD CAPACITY, WE WILL BE ABLE TO GROW THE SERVICES TO MEET THE NEEDS AND THE EXPENSE OF PROVIDING THOSE SERVICES IS GOING TO GROW AS WELL.

DR.

SALHA, THANK YOU.

THANKS, MONICA.

GOOD MORNING, CHAIR AND COUNCIL MEMBERS.

ALAN HELS, CHIEF MEDICAL OFFICER FOR, UH, CENTRAL HEALTH.

VERY EXCITED TO SHARE SOME INFORMATION, UM, WITH YOU ALL.

THE, THE NEXT COUPLE SLIDES ARE REALLY INTENDED TO SERVE AS AN INVENTORY OF SERVICES THAT EITHER HAVE BEEN, UM, UNDERWAY, UH, OVER THE PAST, UM, MONTH TO YEARS, UM, UH, INITIATIVES THAT WE'RE EITHER ENGAGING NOW

[9:24:18 AM]

OR, UM, IN THE VERY NEAR FUTURE.

UM, WE'LL BE ROLLING OUT, I'M NOT GONNA READ THROUGH THIS, UM, AND GO ITEM BY ITEM BECAUSE I AM GONNA SPEAK TO MANY OF THESE, UM, IN MORE DETAIL.

BUT WE WANTED TO ENSURE THAT THERE WAS AN INVENTORY THAT WAS ACCESSIBLE IN CASE THERE WERE, UM, QUESTIONS, UH, RELATED TO INITIATIVES, UH, FOR THE UNHOUSED.

UM, I DID WANNA SPEAK TO THE FACT THAT THAT LIST, UM, CATERS TO, UH, INDIVIDUALS WHO EXPERIENCE HOMELESSNESS, BUT ALSO TO ALL THOSE WE SERVE, UM, WHO SIT UNDER 200% OF THE FPL.

UM, FIRST I'M GONNA TOUCH ON RESPITE.

UH, IN ABOUT MARCH OF 2022, CENTRAL HEALTH ROLLED OUT OUR RESPITE INITIATIVE, UM, ESPECIALLY FOR THE UNHOUSED.

UM, PEOPLE WHO DON'T HAVE A HOME WHEN THEY'RE DISCHARGED FROM SKILLED NURSING FACILITIES, WHEN THEY'RE DISCHARGED FROM THE HOSPITAL, UM,

[9:25:18 AM]

DIRECTLY TO THE STREET, UM, MANY TIMES THEIR COMPLEXITY OF HEALTHCARE, THEIR HEALTHCARE NEEDS HAVEN'T BEEN COMPLETELY WRAPPED.

THEIR SOCIAL NEEDS HAVEN'T BEEN COMPLETELY, UM, TUCKED AS WELL.

AND MANY OF THOSE PEOPLE, INDIVIDUALS BOUNCE BACK, UM, TO THE HOSPITAL.

SO IN AN EFFORT TO STOP KIND OF THIS CYCLE OF, OF, UH, INCOMPLETE CARE, UM, WE ROLLED OUT OUR RESPITE INITIATIVE AGAIN.

UM, ABOUT A YEAR AND A HALF AGO.

WE STARTED WITH FIVE BEDS, UM, EXPANDED TO 20 BEDS.

WE STARTED, UM, BY CASE MANAGING INDIVIDUALS IN A RESPITE ENVIRONMENT AND NOW PROVIDE BASIC MEDICAL CARE, UM, FOR THESE, UH, INDIVIDUALS.

UH, THE OPPORTUNITY TO HAVE PEOPLE ACTUALLY SIT IN A RESPITE ENVIRONMENT MEANS THAT WE CAN GET THEM THE SERVICES THEY, THEY NEED.

IF THEY HAVE RECENTLY HAD AN AMPUTATION, THEY HAVE AN OPPORTUNITY TO HEAL.

[9:26:15 AM]

IF THEY'RE UNHOUSED, WE CAN CONNECT THEM TO THE SOCIAL SERVICES IN ORDER, UM, TO QUALIFY THEM FOR HOUSING AND THEN GET THEM INTO HOUSING.

UM, MANY OF THE FOLKS, UM, THAT SIT WITHIN OUR RESPITE ENVIRONMENT, UM, NEED PHYSICIAN OR DOCTOR FOLLOW UPS, WE CAN ENSURE AND TAKE THEM TO THEIR FOLLOW UP.

WE CAN ENSURE THAT THEY HAVE THEIR PRESCRIPTION AND AGAIN, ENSURE THAT THEIR SOCIAL SERVICES, UM, THAT THEY NEED ARE MET.

WE'VE HAD AROUND 300 REFERRALS.

THE MAJORITY OF THEM COME FROM SKILLED NURSING FACILITIES OR FROM HOSPITALS, AND THEN A LITTLE LESS THAN A THIRD COME FROM KIND OF INTERNAL REFERRAL SOURCES.

OUR PRIMARY CARE PROVIDERS.

UM, ONE OF THE, THE ADVANTAGES FOR RESPITE IS THAT WE CAN ALSO UTILIZE RESPITE BIDIRECTIONALLY.

[9:27:15 AM]

SO IF THERE ARE PATIENTS THAT ACTUALLY NEED A COLONOSCOPY AND NEED TO BE SCREENED, WE CAN ACTUALLY HOUSE THEM IN RESPITE, DO THE PREP FOR A COLONOSCOPY, AND THEN THEY CAN UNDERGO, YOU KNOW, SOME OF THE PREVENTATIVE SCREENING.

SO THE DISEASE DOESN'T PROGRESS.

THE PICTURES THAT SIT ON THIS SLIDE ARE REALLY SUCCESS STORIES.

UM, I'M ACTUALLY GONNA SPEAK TO ONE THAT'S NOT ON THIS SLIDE, BUT HE WAS OUR VERY FIRST PATIENT IN RESPITE.

69-YEAR-OLD GENTLEMAN.

HE WAS HIT BY A CAR.

UH, HE HAD OVER 10 FRACTURES, SPENT ABOUT 45 DAYS IN THE HOSPITAL, UM, SPENT ABOUT A MONTH AND A HALF IN SKILLED NURSING, IN THE SKILLED NURSING FACILITIES.

AND THEN ABOUT THAT SAME PERIOD OF TIME, UM, WITH US, UM, BECAUSE OUR TEAM WAS ABLE TO REALLY CARE FOR HIM AND WRAP THAT CARE, UM, HE WAS OUR

[9:28:15 AM]

VERY FIRST PATIENT THAT IS NOW HOUSED IN, IN COMMUNITY FIRST, YOU KNOW, IN A TINY HOUSE.

SO, UM, THIS IS NON CO NOT COMPLEX, UM, BUT IT, IT HAS TO BE BUILT AND EXPANDED. OUR CARE TEAM, I THINK MANY PEOPLE KNOW DR.

AUDREY KWONG.

SHE OVERSEES OUR RESPITE TEAM.

UM, WE'VE GOT NURSES, SOCIAL WORKERS, COMMUNITY HEALTH WORKERS, AND MEDICAL ASSISTANTS THAT REALLY CARE FOR, FOR THIS PATIENT POPULATION.

THAT WAS STEP ONE, RIGHT? WE HAVE TO DO MORE.

THIS IS STEP TWO.

SO CENTRAL HEALTH PURCHASE, THESE THREE BUILDINGS OFF OF CAMERON ROAD BUILDING.

ONE IS GOING TO BE TRANSITIONED IN THE VERY NEAR FUTURE INTO A 50 BED RESPITE ENVIRONMENT.

NOT ONLY DO WE NEED TO BUILD OUT KIND OF THAT BED CAPACITY, BUT THE SERVICES THAT, UM, THAT ARE NEEDED TO MAINTAIN THAT, THAT, SO LAUNDRY, A KITCHEN, UM, THE OTHER, UH, COLLABORATIVE SERVICES THAT REALLY WILL HELP SUSTAIN, UM, THE, THE COMPLEX BUILD OF THAT RESPITE ENVIRONMENT AND THE EXPENSIVE BUILD OF THAT RESPITE ENVIRONMENT.

[9:29:15 AM]

NEXT TO, WELL, IN ADDITION TO THE MAIN SERVICES THAT WOULD BE BUILT OUT IN BUILDING ONE, A COUPLE OF THE REASONS THAT INDIVIDUALS, UM, TURN DOWN ACCESS TO CARE.

NUMBER ONE, IF THERE'S NO PLACE FOR THEIR BELONGINGS TO BE STORED, THEY WON'T BE ADMITTED.

THEY'LL REFUSE, UH, ADMISSION INTO A CARE FACILITY, UM, BECAUSE THAT'S EVERYTHING THEY OWN. SO WE NEED TO BUILD STORIES.

NUMBER TWO, MANY OF THEM HAVE PETS.

IF THEY'RE UNABLE TO HAVE THEIR PETS CARED FOR, AGAIN, THAT'S THEIR FAMILY.

THEY'RE GONNA REFUSE ACCESS.

SO WE HAVE TO BE CREATIVE WHEN WE BUILD OUT THIS, YOU KNOW, THESE ENVIRONMENTS AND POTENTIALLY PARTNER,

[9:30:18 AM]

UM, WITH, UH, WITH ORGANIZATIONS TO TAKE CARE OF, UH, THE NEEDS OF, UM, UH, OF OUR PATIENTS, UH, ANIMALS OR PETS.

UM, IN BUILDING TWO, UH, THE COMPLEX CARE NEEDS OF OUR PATIENTS, UM, UH, WILL BE BUILT OUT THERE THAT 80% OF THE INDIVIDUALS WHO ARE CARED FOR WITHIN A RESPITE ENVIRONMENT HAVE AN ADDICTION DISORDER.

UM, SO, UH, DETOX MANAGEMENT, COMPLEX CARE CLINIC, UH, PHARMACY, PT, OT, SPEECH, UM, AND SOME OF THE OTHER COLLABORATIVE CARE SERVICES WILL BE BUILT OUT IN, UH, BUILDING NUMBER TWO, UM, AT ADDITIONAL MEDICAL SERVICES IN BUILDING NUMBER THREE, UM, IN ADDITION TO ADMINISTRATIVE SERVICES.

UH, THE NEXT ITEM, UH, OR TRANS OR AREA OF CARE THAT I'M GONNA TOUCH ON IS REALLY OUR TRANSITIONS OF CARE DEPARTMENT.

I THINK MONICA SPOKE TO THAT.

WHEN YOU LOOK AT THAT COG SLIDE, UH, AUSTIN HAS AN ABUNDANCE OF CARE ENVIRONMENTS, BUT OUR CARE ENVIRONMENTS JUST DON'T TALK TO EACH OTHER.

[9:31:15 AM]

AND IT, IT'S CHALLENGING ENOUGH IF YOU'RE A RESOURCE PATIENT, UM, TO TRANSITION FROM ONE CARE ENVIRONMENT TO ANOTHER.

BUT WHEN YOU'RE EITHER UNHOUSED OR UNDER-RESOURCED, OUR PATIENTS TEND TO FALL THROUGH THE CRACKS OF CARE.

UM, AND ONE OF OUR GOALS IS TO REALLY TO BUILD THE BRIDGES TO CARE, UM, TO BYPASS THAT, UM, TO KEEP PATIENTS ENGAGED IN THEIR CARE.

SO WE HIRED DR.

MALI PATEL, AN INTERNIST TO INITIATE START OF OUR DEPARTMENT OF TRANSITIONS OF CARE.

UM, AND I'LL ACTUALLY TOUCH ON THE DIFFERENT ASPECTS OF THIS CARE.

UM, WE HAVE PLACED NURSES IN THE MAIN AREAS WITHIN THE HOSPITAL.

WE PLACED NURSE PLACED NURSES WITHIN DELL SETON ED.

WE PLACED COMMUNITY HEALTH WORKERS, UM, UH, AND SOCIAL WORKERS IN THOSE ENVIRONMENTS.

[9:32:18 AM]

UM, WE HAVE A 50% SUCCESS RATE WITH DIRECT HANDOFF, NOT ONLY WITH OUR TEAMS, WITH EITHER PRIMARY CARE OR INTO SKILLED NURSING FACILITIES, BUT FROM, WE'VE CREATED PROTOCOLS FROM PROVIDER TO PROVIDER.

SO ANY OF OUR PATIENTS HAVE A MUCH GREATER CHANCE AT SUCCESS WHEN TRANSITIONING OUT OF THE HOSPITAL ENVIRONMENT.

AGAIN, LIKE I SAID, WE WERE AT, WE'RE AT DELL, DELL SETON, AND WE ARE NOW TRANSITIONING INTO SETON, MAINE, UM, TO CONDUCT THE, THE SAME PROTOCOLS THAT I'VE SPOKEN TO HERE.

UM, WE HAVE ALSO, AS OF LAST MONTH, TAKEN RESPONSIBILITY FOR THE CARE OF OUR PATIENTS IN THREE SKILLED NURSING FACILITIES.

UM, WE CAN CARE FOR ABOUT 45 PATIENTS AT ANY GIVEN TIME.

HIRED DR.

SNEHA PATEL, TWO ADVANCED PRACTICE PROVIDERS.

[9:33:15 AM]

AGAIN, COMMUNITY HEALTH WORKERS, UH, SOCIAL WORKERS, UH, AND NURSES AND MAS.

UM, SKILLED NURSING FACILITIES ARE AN AREA WHERE THERE IS SIGNIFICANT OPPORTUNITY TO CONDUCT BETTER CARE.

AND AGAIN, WITH THE COMPLEXITIES, YOU KNOW, THAT THE UNHOUSED HAVE BOTH MEDICALLY AND SOCIALLY.

UM, WE'RE ALREADY SEEING SUCCESSES IN WORKING WITH OUR COLLABORATIVE CARE TEAM JOINTLY WITH THE OWNERSHIP OF THESE SKILLED NURSING FACILITIES IN ORDER TO ENSURE THAT PATIENTS DON'T FALL THROUGH THE CRACKS OF, UH, THE CARE CRACKS, UM, IN AN EFFORT TO HELP THEM REALLY SUCCEED.

ONE OF THE AREAS I THINK IN AUSTIN THAT WE STRUGGLED WITH AS A COMMUNITY IS FOR PATIENTS WHO HAVE END STAGE RENAL DISEASE, ESPECIALLY IF THEY ARE UNDER-RESOURCED OR UNHOUSED.

UM, PEOPLE TEND TO SHOW UP TO THE ED WHEN THEIR SYSTEMS ARE SHUTTING DOWN AND WHAT WE CALL COMPASSIONATE DIALYSIS.

[9:34:18 AM]

WE EMERGENTLY DIALYZE THEM AND THEN WE DISCHARGE THEM BACK TO THE STREET.

THIS IS THE END OF THE SECOND YEAR THAT CENTRAL HEALTH HAS RUN A DIALYSIS PROGRAM WHERE WE ENROLL 25 PATIENTS A YEAR INTO THAT PROGRAM, UM, CREATE VASCULAR ACCESS FOR THEM AND THEN, UM, UH, PROVIDE THEM WITH A PREDICTABLE SEAT IN A DIALYSIS CENTER.

AND OBVIOUSLY, THE QUALITY OF LIFE AND HOPEFULLY LONGEVITY OF LIFE THAT IS IMPROVED, YOU KNOW, WITH THE CARE FOR THESE PATIENTS IS REALLY SIGNIFICANT.

SO WE'RE ABOUT TO GO ONTO YEAR THREE OF THIS PROGRAM, VERY SUCCESSFUL AND CRITICALLY NEEDED PROGRAM WITHIN OUR COMMUNITIES.

UH, BEFORE I TRANSITION TO THIS NEXT SLIDE, UM, I'M GONNA PRESENT A LITTLE BIT OF A PATIENT CASE AND THERE IS A GRAPHIC, THERE'S A WOUND THAT I'M GONNA SHOW.

SO ANYBODY WITH KIND OF A WEAK STOMACH JUST HEADS UP.

UH, THERE'S A 65-YEAR-OLD MALE WITH HISTORY OF DIABETES, HIGH BLOOD PRESSURE WITH MULTIPLE BONE INFECTIONS.

UM, HE, UH, HE IS AN UNDER-RESOURCED INDIVIDUAL.

HE'S A DISHWASHER.

HE'S THE PRIMARY EARNER FOR NOT ONLY HIS FAMILY, BUT SENDS MONEY BACK TO MEXICO.

HE HAD A TIGHT ACHILLES TENDON, AND BECAUSE HE HAD A TIGHT ACHI ACHILLES TENDON, IT PUT PRESSURE RIGHT.

THE BACK OF HIS FOOT TURNED UP AND

[9:35:15 AM]

THE FRONT OF HIS FOOT TURNED DOWN AND PUT PRESSURE ON HIS FOREFOOT.

THAT INCREASED PRESSURE CAUSED AN ULCERATION THAT HE HAD FOR THREE YEARS.

ABOUT TWO YEARS AGO, CENTRAL HEALTH STARTED A PODIATRIC PROGRAM THAT SITS NOT ONLY WITHIN OUR ENVIRONMENT, BUT ALSO WITHIN OUR PRIMARY CARE PARTNERS ENVIRONMENT WITHIN COMMUNITY CARE.

THEN ABOUT A YEAR AGO, WE STARTED A SURGICAL PROGRAM, UM, WHICH IS HOUSED, UH, WHERE WE CONDUCT SURGERIES EITHER IN DEL SETON OR IN IN SETON, MAINE, UM, IN THE U-T-A-S-C OR IN VARIOUS AMBULATORY SURGERY CENTERS AROUND TOWN.

UM, THIS GENTLEMAN, WE WERE ABLE TO CONDUCT SURGERY ON HIM, LENGTHEN HIS ACHILLES 90 DAYS OUT POST-SURGERY.

THIS IS WHAT HE LOOKED LIKE.

[9:36:18 AM]

AND THEN NOW, RIGHT, AGAIN, NOT COMPLICATED, BUT BASIC SERVICES THAT I THINK AS, UH, MONICA SPOKE TO, LOOKING AT THE ENVIRONMENTS WHERE WE HAVE SIGNIFICANT GAPS IN CARE AND BUILDING TO THOSE GAPS, WE REALLY CAN BRIDGE SOME OF THESE NEEDS.

JUST THE NUMBER OF SURGERIES IN OCTOBER OF THIS YEAR.

UH, AGAIN, TOUCHING ON WHAT MONICA, UH, REFERRED TO, WE HAVE SIGNIFICANT GAPS IN CARE AS RELATED TO SPECIALTY CARE, WE ARE MEETING LESS THAN 50% OF THE COMMUNITY NEED IN OCTOBER OF THIS YEAR.

WE PLAN TO OPEN ROSEWOODS AOSA AS CENTRAL HEALTH'S FIRST MULTI-SPECIALTY CLINIC BECAUSE OF SUPPLY CHAIN DELAYS AND OTHER BUILD OUT DELAYS.

UM, THAT WAS PLAN A.

WE ARE NOW ON PLAN B AND C.

SO WE'RE UTILIZING CENTRAL HEALTH EAST CLINIC FOR THE FIRST ROLLOUT OF OUR, UH, OF OUR SPECIALTY SERVICES AND PLAN B, PLAN C IS UTILIZING CAPITAL PLAZA FOR THE ROLLOUT OF OUR NEXT PHASE OF SPECIALTY SERVICES.

[9:37:15 AM]

PULMONARY, GI AND PODIATRY HAVE BEEN UP AND RUNNING FOR ABOUT, UH, I THINK THREE MONTHS NOW, UM, WITH, UH, NEPHROLOGY NEUROLOGY SUPPORTIVE AND PALLIATIVE CARE AND SURGICAL OPTIMIZATION AND INFECTIOUS DISEASE, UM, THAT WILL BE ROLLED OUT BETWEEN JANUARY AND MARCH OF THIS NEXT YEAR.

ONE OF THE ADVANTAGES TO US PROVIDING CARE, WHETHER IT'S IN ROSEWOOD OSA OR WHETHER IT'S IN CAPITAL PLAZA, IS THAT WE'RE PUTTING AS MANY DIAGNOSTICS AS WE CAN WITHIN THE CLINIC.

OBTAINING, OUR PATIENTS HAVE CHALLENGES WITH TRANSPORTATION, AND SO ANY OPPORTUNITY WE CAN PROVIDE OUR PATIENTS WITH A ONE-STOP SHOP, UH, WITH NOT ONLY DIAGNOSIS, UM, UH, BUT TREATMENT, UM, YOU KNOW, THE BETTER OUR PATIENTS WILL DO.

WE ALSO HAVE, UH, ARE SURROUNDING OUR PATIENTS WITH COLLABORATIVE CARE TEAM MEMBERS, SO PHARMACISTS, DIETICIANS, CASE MANAGEMENT, UM, AND, AND SOCIAL WORKERS IN ORDER TO INCREASE THEIR CHANCE FOR SUCCESS.

AND THIS IS JUST A RENDERING OF ROSEWOODS AROSA.
THAT WAS STEP ONE.

[9:38:15 AM]

THIS IS STEP TWO, HANCOCK CENTER, WHICH IS THE OLD SEARS BUILDING, UM, OFF OF, UH, I 35 AND I THINK 38TH AND A HALF STREET THAT WILL OPEN A YEAR AND A HALF TO TWO YEARS FROM NOW.

UM, IT'S ABOUT 200,000 SQUARE FEET OF, UH, OF OPPORTUNITY FOR OUR PATIENTS.

THE TOP FLOOR WILL BE WILL HOUSE ADMINISTRATIVE NEEDS.

UM, THE BOTTOM FLOOR WILL, WILL HOUSE MOSTLY SPECIALTY CARE, AND THEN YOU CAN SEE SOME IMMEDIATE OR URGENT CARE, SOME PRIMARY CARE.

UM, DAVID PILE AND DENTAL WILL HAVE A PHARMACY, UM, UH, ON BOARD WITHIN THIS ENVIRONMENT AS WELL, UM, AND MORE ADVANCED DIAGNOSTIC OPPORTUNITIES.

AND WITH THAT, I WILL HAND IT OFF.

AND THIS IS A RENDERING, UM, OF THAT CLINIC.

THANK YOU.

AND CHAIR.

YES, MS. A QUESTION REAL QUICK.

UH, A LOT OF THE INFORMATION HAS BEEN, UH, WITH REGARD TO OUR, UH, UNHOUSED, UH, NEIGHBORS.

WHAT PERCENTAGE OF OF RESOURCES DO YOU THINK, YOU KNOW, CENTRAL HEALTH? IN OTHER WORDS, I KNOW THAT THERE'S A LOT OF CHRONIC ILLNESS.

[9:39:18 AM]

I'VE BEEN ON RIDEALONGS WITH, UH, EMS, FOR EXAMPLE, WHERE, YOU KNOW, WE WERE ENCOUNTERING SOMEBODY WHO HAD, UH, JUST BEEN, UH, RELEASED FROM THE ER AND HAD MULTIPLE, EXCUSE ME, BRACELETS WHERE, YOU KNOW, YOU COULD TELL THAT THIS PERSON HAD PROBABLY BEEN IN THE ER, YOU KNOW, A HALF DOZEN TIMES OVER THE LAST LIKE TWO MONTHS OR SO.

UH, WHAT PERCENTAGE OF OF YOUR RESOURCES ARE ARE GOING INTO THOSE KINDS OF, THAT THAT TYPE OF, UH, CARE RELATED TO, UH, TO OUR UNHOUSED NEIGHBORS? IT'S WHATEVER RESOURCES ARE NECESSARY TO MAKE IT HAPPEN.

MM-HMM.

, UH, AND, AND, AND I UNDERSTAND, BUT I'M JUST WONDERING, I GUESS IN TERMS OF, I, I DO APPRECIATE THE, THERE'S BETTER WAYS TO DO THAT, YOU KNOW, WHERE LIKE, LIKE THAT GENTLEMAN, AND ESPECIALLY THINKING ABOUT THE RESPITE, UH, CARE WHERE SOMEONE IS RELEASED FROM THE ER, BUT NOT ONTO

[9:40:15 AM]

THE STREETS.

I MEAN, RELEASING SOMEONE ONTO THE STREETS IS JUST A, A RECIPE TO GET, HAVE THEM BACK IN THE ER.

UH, AND AND I, I DO APPRECIATE, AND I, WE HAVE THESE CONVERSATIONS WITH EMSA LOT TOO, WHERE WITH THEIR COMMUNITY HEALTH PARAMEDICS WHERE, YOU KNOW, THEY'RE, THEY'RE LIKE, THERE'S BETTER WAYS TO DO THIS AND JUST CONTINUE TO RESPOND TO A 9 1 1 CALL.

YOU KNOW, IF WE CAN SEND SOMEBODY OUT THERE TO DO SOME WOUND CARE, TO DO SOME BASIC THINGS LIKE THAT.

SO I JUST APPRECIATE THE, AND I SEE THAT ALSO AS AN AREA WHERE, UH, WE CAN ULTIMATELY SAVE RESOURCES AND STRETCH, UH, RESOURCES, UH, YOU KNOW, TO GO INTO OTHER.

SO I, I, AND I WAS JUST WONDERING IF THERE WAS ANY KIND OF, UH, DETAILED CONTEXT.

AGAIN, I, I DON'T EXPECT Y'ALL TO HAVE THE NUMBERS, YOU KNOW, BUT, UH, YOU KNOW, IT SEEMS LIKE AN AREA WHERE WE CAN WORK SMARTER AND NOT HARDER.

[9:41:18 AM]

YOU KNOW, IT, IT'S A, IT'S A GREAT QUESTION.

AND YOU KNOW, I, I, I CAN'T GIVE A SPECIFIC NUMBER, BUT I THINK I CAN SPEAK TO THE FACT THAT WE'RE BUILDING AN INFRASTRUCTURE MM-HMM.

AND SO, UM, SOME OF THE INITIATIVES THAT WE'RE DOING MAY BE MORE BASIC, BUT WE'RE ALSO PARTNERING MORE AND BECOMING MORE SOPHISTICATED PRETTY RAPIDLY.

TO YOUR QUESTION, AS RELATED TO EMS, WE ARE PARTNERING WITH THE CHIEF, WITH MARK ESCOT THE, UH, CLINICAL OPTIMIZATION THAT IS IN THIS PHASE OF BUILD OUT BETWEEN FEBRUARY AND MARCH SPECIFICALLY TO PARTNER WITH EMS SO THAT PATIENTS WHO ARE CALL, WHO CALL 9 1 1, BUT DON'T NEED TO BE TRANSITIONED TO THE ED, BUT ARE STILL COMPLEX AND NEED THAT WRAPAROUND CARE CAN BE TRANSITIONED TO OUR CLINIC.

MM-HMM.

EXACTLY TO YOUR POINT, UM, FOR US TO OPTIMIZE THEIR CARE MM-HMM.

[9:42:15 AM]

, WHETHER IT'S THE NEED OF A PHARMACIST, YOU KNOW, UH, A MEDICAL PROVIDER THAT IS THE BILL THAT WE ARE CURRENTLY DOING, AND THAT IS ONE OF THE INITIATIVES THAT IS BEING PLANNED JOINTLY WITH EMS IN ADDITION TO THE DIVERSION WORK AS WELL.

THANK YOU.

THANK YOU.

AND JUST TO BUILD OFF THAT, BECAUSE THE CENTRAL HEALTH'S INVOLVEMENT WITH RESPITE PROGRAMS IS FAIRLY NEW, RIGHT? TWO YEARS IN.

UM, AND WHAT STRUCK ME ON THE SLIDE THAT YOU PROVIDED, AND I KNOW I'M LOOKING FORWARD TO THE CAMERON FACILITIES THAT YOU'VE PURCHASED THAT WILL BE ABLE TO HAVE MORE BED CAPACITY FOR THE RESPITE PROGRAM, JUST ACKNOWLEDGING THE NEED THAT WE HAVE IN OUR COMMUNITY.

ON THE SLIDE, YOU'VE MENTIONED THAT THE MARSHALING YARD IS CURRENTLY SERVING AS A LOCATION FOR CENTRAL HEALTH'S RESPITE PROGRAM.

IS THAT, CAN YOU SHARE A LITTLE BIT MORE ABOUT THAT ? ABSOLUTELY.

THAT IS A RELATIVELY RECENT, UM, I THINK EXPANSION AND WE'RE UTILIZING BEDS, UM, FOR INDIVIDUALS WHO POTENTIALLY NEED ADDITIONAL CASE MANAGEMENT SOCIAL SERVICES.

AND, YOU KNOW, WHEN WE'RE TALKING ABOUT MEDICAL CARE, IT'S PRETTY BASIC MEDICAL CARE.

SO MED REC, BASIC WOUND CARE, YOU KNOW, BLOOD PRESSURE MODERATION, UM, UH, YOU KNOW, WE CAN, UH, CHECK GLUCOSE.

AND, UM, I GUESS LIKE THE CENTRAL HEALTH'S INVOLVEMENT WITH THE RESPITE PROGRAM AT THIS POINT IS YOU HAVE A TEAM THAT, THAT MAKE UP A TEAM OF PERSONNEL THAT MAKE UP YOUR MEDICAL RESPITE TEAM THAT GOES OUT TO THESE THREE LOCATIONS.

[9:43:18 AM]

THIS IS KIND OF THE INTERIM PROGRAM UNTIL YOU'RE ABLE TO BUILD OUT THE CAMERON FACILITY.

CORRECT.

AND I THINK THERE ACTUALLY IS ACTUALLY ANOTHER PHASE BEFORE THAT, AND THAT IS A BRIDGE TEAM THAT WE'RE IN THE, UH, THE PROCESS OF BUILDING, UM, THAT WE'LL HELP BE ABLE TO HELP BOTH WITH SOME OF THE DIVERSION INITIATIVES WITH PERMANENT SUPPORTIVE HOUSING INITIATIVES.

AND AGAIN, IN SOME OF THESE SHELTERS WHERE WE JUST NEED MORE PEOPLE POWER.

RIGHT? YEAH.

AND, AND I'M VERY PLEASED TO SEE CENTRAL HEALTH MOVING MORE IN THIS MANNER, UH, WITH THE RESPITE EFFORTS AND, AND CERTAINLY WELCOME, YOU KNOW, ADDITIONAL INCREASED RESOURCES AND, AND COMMITMENT ON THAT END.

QUESTIONS FROM COLLEAGUES? OKAY.

OH, UM, UH, I JUST THOUGHT OF THE FACT THAT, UM, UH, IF THERE ARE ANY ADDITIONAL BEDS, I THINK OUR, OUR TEAMS ARE, UH, ENERGETIC AND ADVOCATING FOR ADDITIONAL BEDS.

SO, UM, PARTNERSHIP IN THIS SPACE IS CRITICAL.

DID YOU HAVE ANYTHING? SO FIRST, I WANT THANK THE, THE COMMITTEE, UH,

[9:44:15 AM]

FOR HAVING US HERE TODAY.

THIS HAS BEEN AN IMPORTANT DISCUSSION THAT WE NEED TO HAVE.

YOUR QUESTIONS ARE WELL FORMED AND WELL PUT.

I'D LIKE TO, YOU KNOW, FIRST, WELL SECOND TALK ABOUT SOME OF THE RISKS TO THIS PLAN AND TO SOME OF THE WORK THAT YOU'VE SEEN HERE TODAY.

AND THERE'S RISKS THAT WE ALL NEED TO BE COGNIZANT OF IN THE COMMUNITY, BECAUSE AS YOU HEARD AT THE START OF THIS DISCUSSION, YOU KNOW, WE SOUGHT A COMMUNITY NEEDS ASSESSMENT AND VOICES OF THE PATIENTS THROUGH OUR VOICES OF THE COMMUNITY EFFORTS BACK IN 2022.

AND THAT FORMED THE FOUNDATION OF THE HEALTH EQUITY PLAN AND FILLING THESE SIGNIFICANT TO

[9:45:18 AM]

MODERATE GAPS SO THAT WE COULD ELIMINATE DISEASE DISPARITIES AS THEY AFFECT OUR COMMUNITY.

THAT'S WHAT'S BEEN PUT OUT THERE AS THE MARKER IS THE OBJECTIVE, SO THAT PEOPLE CAN LIVE THE HEALTHIEST LIFE POSSIBLE.

AND THAT'S IMPORTANT TO US.

AND SO, I, I GUESS IN A WAY OF SAYING WE'VE GIVEN RISE TO THE VOICE OF THE PATIENT IN WAYS THAT THEY HAVEN'T HAD BEFORE.

AND SO COLLECTIVELY, WE'RE GONNA MEET THOSE PATIENTS WHERE THEY ARE AND HEAR ABOUT THEIR NEEDS AND DO WHATEVER IT TAKES TO MEET THEIR NEEDS AND TO HONOR THEIR VOICES.

AND SO THIS IS FUNDAMENTAL TO HOW WE'RE PROCEEDING NOW.

WHAT ARE THE RISKS? WELL, ONE RISK, AND YOU, YOU ALL HAVE HEARD THIS BEFORE, AND YOU KNOW, AFTER YOU PASS THE STRATEGIC PLANS AND THE INK IS DRY ON THE PAPER, OR THE FINAL WORD HAS BEEN TYPED ONTO THE SCREEN, IS YOU HAVE TO PLAN ON THE PLAN, NOT A GOING, NOT GOING ACCORDING TO PLAN.

[9:46:15 AM]

AND SO IT, AT CENTRAL HEALTH, WE HAVE A PHRASE WHERE WE SAY, EMBRACE THE SCRAPPY, AND WE REALIZE, AND SO DOES OUR BOARD OF MANAGERS, AND BY THE WAY, WE'RE JOINED HERE TO THIS MORNING BY MARAM MUSEF, WHO'S ALSO ONE OF OUR OFFICERS.

AND THE, THE BOARD OF MANAGERS IS REAL GOOD ABOUT PIVOTING AND SAYING, OKAY, THIS IS WHAT WE NEED TO DO IN ORDER TO BE ABLE TO ACHIEVE THIS OBJECTIVE.

SO THAT'S, THAT'S ONE RISK MITIGATION.

THE SECOND IS MORE COMPLEX, AND IT INVOLVES ALL OF US ALONG THE WAY.

AND THIS IS A MULTI-YEAR PLAN THAT YOU'VE SEEN.

BUT AGAIN, THE WORK IS IN PLACE NOW.

THERE'S GOING TO BE IDEAS COME UP, AND THEY'RE ALL GOOD IDEAS, THEY'RE ALL WELL INTENTIONED, AND WE'RE ALL TRYING TO DO THE SAME THING.

BUT AS YOU SAW IN THE ONE SLIDE THAT MONICA SPOKE TO ABOUT THOSE 150 PROJECTS, THIS HAS BEEN VERY FINALLY PLANNED OUT.

AND ALSO THE RESOURCE ESTIMATES WERE, WERE A LOT OF HOURS, AND A LOT OF PEOPLE SPENT A LOT OF TIME OVER SEVERAL WEEKS PUTTING IN THE ANALYSIS TO FIGURE OUT WHAT'S IT GONNA TAKE TO FUND THIS OVER THIS PERIOD OF, OF YEARS.

[9:47:18 AM]

AND YOU CAN CERTAINLY DEViate FROM THAT. BUT WHEN YOU DO, EVERYBODY NEEDS TO UNDERSTAND THAT WHEN YOU START MOVING PEOPLE TIME AND MONEY TO PURSUE OTHER IDEAS, WE HAVE TO BE VERY CONSCIOUS ABOUT WHAT'S GONNA HAPPEN OVER HERE IF WE DON'T DO SOME OF THIS.

AND IT MAY BE THAT WE ABSOLUTELY NEED TO CHANGE COURSES AND HAVE A, A REDIRECT, BUT THAT'S THE PURVIEW OF THE BOARD OF MANAGERS AT CENTRAL HEALTH.

AND SO THE GOOD NEWS IS, IS THAT OUR BOARD OF MANAGERS AS PART OF THIS HEALTH EQUITY PLAN, SO THAT WE'RE NOT PROJECT BUSY, AND COURSE BLIND, HAS ADOPTED A SET OF KEY PERFORMANCE INDICATORS AND HAS SYSTEMS AND PROCESSES IN PLACE TO CONSTANTLY MONITORING WHAT'S HAPPENING TO MAKE SURE THAT EVERYTHING THAT YOU'VE SEEN AND HEARD TODAY IS ACHIEVING THOSE OUTCOMES OF FILLING THOSE GAPS THAT ARE SIGNIFICANT TO MODERATE AND THAT HAVE, ARE AFFECTING HEALTHCARE DISPARITIES ACROSS OUR COMMUNITY.

[9:48:15 AM]

AND AS LONG AS WE'RE ALLEVIATING THOSE DISPARITIES, THEN GREAT, LET'S KEEP GOING.

BUT IF WE'RE NOT, AND WE NEED TO COURSE CORRECT, THEN THE BOARD OF MANAGERS HAS PROCESSES IN PLACE TO BE ABLE TO MAKE THAT HAPPEN.

AND SO THAT'S THE SECOND RISK MITIGATION.

BUT IF WE DON'T TAKE STEPS TO MITIGATE THAT RISK, AND WE START MOVING RESOURCES AROUND, WE'LL LOOK UP IN THREE, FIVE, AND 10 YEARS AND REALIZE WE DIDN'T HIT THE MARK, PEOPLE'S HEALTH OUTCOMES ARE NO BETTER OR WORSE.

AND SO THERE'S POLITICAL ACCOUNTABILITY FOR THAT.

AND THE QUESTION IS, WHO IS GOING TO BE ACCOUNTABLE FOR IT? AND SO, AGAIN, THE ROADS GO BACK TO THE CENTRAL HEALTH BOARD OF MANAGERS, AND I WOULD ASK THIS BODY, AND TO THE EXTENT THAT I CAN ASK FUTURE BODIES TO SUPPORT THIS PLAN AND ITS WORK AND THE PROCESSES THAT ARE IN PLACE THAT HAVE GOTTEN US TO THIS POINT, BUT ALSO THE MONITORING PROCESSES THAT ARE IN PLACE TO MAKE SURE THAT WE'RE HELPING PEOPLE LIVE THE HEALTHIEST LIFE POSSIBLE.

[9:49:18 AM]

THERE IS A LOT OF GREAT WORK THAT WE COULD NOT HAVE DONE BY OURSELVES, AND WE'VE BEEN FORTUNATE TO PARTNER WITH THE CITY ON MANY DIFFERENT OCCASIONS AND, AND DIFFERENT INITIATIVES.

AND WE'RE, WE'RE WORKING CLOSELY WITH THE CITY NOW ON, UH, HOMELESSNESS STRATEGIES AND DIVERSION STRATEGIES WITH THE COUNTY, FOR EXAMPLE.

AND SO THERE'S A LOT OF PARTNERSHIPS AND A LOT OF GOOD THAT'S, THAT'S COMING OUT OF THIS COMMUNITY.

AND I WANT TO THANK YOU ALL FOR BEING LEADERS IN THOSE ENDEAVORS.

THANK YOU, MR. LIN, AND BEST OF LUCK ON YOUR NEXT CHAPTER.

WE CERTAINLY APPRECIATE YOUR SERVICE TO YOUR AUSTIN COMMUNITY.

AND, UH, WITH THAT COLLEAGUES, ANY FURTHER QUESTIONS FOR CENTRAL HELP? YES.

SORRY, JUST ONE, UH, MORE, UH, MONIA SOBERING CENTER, CENTER, UH, BOARD, UH, AS WELL.

AND I KNOW THAT WE

[9:50:18 AM]

HAVE BEEN IN CONVERSATIONS, UH, WITH Y'ALL WITH REGARD TO, UH, SUBSTANCE ABUSE TREATMENT FOR FOLKS THAT ARE REFERRED TO THE SOBERING CENTER, UH, IT'S A GREAT, UH, KIND OF PROGRAM THAT THEY'VE DEVELOPED, UH, WHEREBY, YOU KNOW, FOLKS, UH, ARRESTED FOR PUBLIC INTOXICATION IN THE DOWNTOWN AREA TYPICALLY ARE TAKEN OVER TO THE SOBERING CENTER, AND THEY KIND OF HAVE THAT, YOU KNOW, COME TO JESUS MOMENT WHERE THEY'RE LIKE, YOU KNOW, I NEED A CHANGE.

I NEED TO, AND, AND THEY WAS, WHAT SOBERING CENTER HAS BEEN DOING IS TRYING TO, TO FIND THEM A PLACE.

SO LET THEM STAY AT THE SOBERING CENTER FOR A NUMBER OF, UH, OF DAYS.

AND MM-HMM.

LOOKING FOR A, UH, A BED AND IN INPATIENT BED.

[9:51:15 AM]

AND I KNOW THAT THERE HAS BEEN SOME DISCUSSION ABOUT PARTNERING WITH, UH, CENTRAL HEALTH TO, UH, BECAUSE THEY, THERE'S ROOM AT THE FACILITY TO POTENTIALLY DO, AGAIN, 10 BEDS, YOU KNOW, SOMETHING LIKE THAT, TO GET SOME INDIGENT, UH, SUBSTANCE ABUSE CARE.

AND I WAS JUST, AND I WAS JUST WONDERING WHERE, WHERE THOSE DISCUSSIONS ARE, UH, RIGHT NOW.

THANK YOU.

UH, ANOTHER GREAT QUESTION.

WE'RE IN, IN THE PROCESS OF CONTRACTING FOR ADDITIONAL BEDS, SO THAT, THAT IS IN PROCESS.

AND I, I THINK, YOU KNOW, WHETHER IT'S WORKING WITH THE SOBERING CENTER, WHETHER IT'S PES, WHETHER IT'S THE DIVERSION PILOT ON 15TH STREET, UM, DETOX MANAGEMENT WITHIN CAMERON, WE'RE STARTING TO BUILD THIS INFRASTRUCTURE, BUT HOPEFULLY, AGAIN, IT ALL COMES DOWN TO BRIDGES MM-HMM.

[9:52:18 AM]

AND THE LINKAGES, UM, BETWEEN CARE ENVIRONMENTS.

AND SO WE, WE NEED THE PARTNERSHIP.

UM, AND I THINK AS WE JOINTLY CONTINUE, YOU KNOW, TO BUILD THESE INFRASTRUCTURES TOGETHER, HOPEFULLY WE CAN CARE FOR OUR COMMUNITIES, UM, DIFFERENTLY THAN, THAN WE HAVE IN THE PAST.

BUT WE'RE IN, WE'RE IN THAT PROCESS OF CONTRACTING RIGHT NOW.

GREAT.

I'M HAPPY TO HEAR THAT.

AND I REALLY APPRECIATE IT, AND I THINK WE SEE IT ON THE, ON THE CITY SIDE WHERE, YOU KNOW, RIGHT NOW WE'RE DEALING WITH A LOT OF THESE FOLKS THROUGH THE CRIMINAL JUSTICE SLASH PUBLIC SAFETY, UH, UH, LENS, AND THAT'S REALLY NOT THE APPROPRIATE LENS.

UH, AND, AND WE NEED KIND OF BETTER, UH, APPROACH, UH, TO THESE FOLKS THAN, UH, JUST KIND OF JAIL 'EM FOR A LITTLE WHILE, RELEASE 'EM ON THE STREET, JAIL 'EM FOR A LITTLE WHILE, RELEASE 'EM ON THE STREET, THAT THAT'S NOT A A AND, AND IT GOOD TO HEAR THAT, THAT YOU, WITH THE MENTAL HEALTH DIVERSION CENTER DOWNTOWN WITH THE SOBERING CENTER INITIATIVE, UH, THERE, THERE'S JUST, LIKE I SAID, THERE'S A BETTER WAY TO DO THIS.

THERE'S A BETTER WAY THAT, BETTER OUTCOMES FOR THE PEOPLE, MORE EFFICIENT USE OF PUBLIC RESOURCES, UH, AND, AND I THINK CENTRAL HEALTH IS

[9:53:15 AM]

GONNA BE A KEY PARTNER, UH, WITH US IN TRYING TO IMPROVE PUBLIC SAFETY AND PUBLIC HEALTH.

SO, THANK YOU.

THANK YOU, THANK YOU.

THANK YOU ALL SO MUCH FOR JOINING US.

THANK YOU.

REALLY APPRECIATE CENTRAL HEALTH AND THE, ALL THE WORK AND SERVICES YOU ALL PROVIDE TO OUR COMMUNITY.

THANK YOU.

ALL RIGHT, COLLEAGUES.

SO WE HAVE ABOUT AN A LITTLE OVER AN HOUR LEFT IN OUR MEETING AND A COUPLE MORE BRIEFINGS TO GET TO AND AN EXECUTIVE SESSION.

SO I'M GONNA MOVE US ALONG

[4. Update on the Community-Owned Food Retail Initiative project]

TO OUR NEXT UPDATE, WHICH IS GETTING, UM, IF WE COULD WELCOME DONALD JACKSON WITH ECONOMIC DEVELOPMENT DEPARTMENT.

HE'S GONNA PROVIDE SOME OPENING REMARKS REGARDING THE COMMUNITY OWED FOOD CO-OP INITIATIVE.

AND THEN WE'LL HAVE A PRESENTATION FROM GO AUSTIN BAOS AUSTIN, WHICH IS THE, UH, NONPROFIT THAT WAS SELECTED TO CARRY OUT THIS WORK ON THE FEASIBILITY AND MARKET STUDY OF BRINGING A FOOD CO-OP TO OUR AREA.

THIS IS AN IMPORTANT ISSUE, PARTICULARLY FOR OUR DISTRICTS, UM, IS WE HAVE FOOD DESERTS AND, UH, FOOD INSECURITY IS HIGH.

AND SO THIS IS WHAT I BELIEVE, AND I'M REALLY PROUD THAT CITY COUNCIL FUNDED THIS INITIATIVE USING OUR AMERICAN RESCUE ACT PLAN DOLLARS IS TO TAKE A LOOK AT WHAT DOES IT LOOK LIKE WHEN GOVERNMENT INTERVENES TO ADDRESS FOOD INSECURITY.

[9:54:18 AM]

AND SO WITH THAT, I WILL TOSS IT OVER AND WELCOME.

THANK YOU SO MUCH, UH, DIRECTOR HOLT RAB FOR JOINING US TODAY.

WE WELCOME YOU TO THE CHAMBER.

THANK YOU.

UM, SOVIA HOLT, DIRECTOR OF ECONOMIC DEVELOPMENT DEPARTMENT, AND, UH, DONALD JACKSON WILL PRESENT AN OVERVIEW OF OUR FOOD INITIATIVE THIS MORNING.

GOOD MORNING.

DONALD JACKSON ECONOMIC DEVELOPMENT DEPARTMENT.

UH, CURRENTLY THE PROJECT MANAGER FROM THE CITY SIDE ON THIS INITIATIVE.

AND, UH, I'M HAPPY TO GIVE Y'ALL AN OVERVIEW OF THIS PROJECT TODAY.

UH, WE'RE LOOKING AT THE COMMUNITY OWNED FOOD RETAIL INITIATIVE.

THIS WAS AUTHORIZED, UM, AS THE COUNCIL MEMBER NOTED, UH, AS PART OF OUR ARPA UH, SPINNING PACKAGE.

UH, FROM THAT 500,000, UH, WAS ALLOCATED TO, UH, EXPLORE THE, AND SUPPORT THE DEVELOPMENT OF A COMMUNITY OWNED, UH, OR COMMUNITY CONTROLLED, UH, GROCERY STORE, WHICH WE'VE INTERPRETED AS A NON-PROFIT OR COOPERATIVE GROCERY STORE.

UH, LET'S SEE.

AND THE, WE HAD, UH, TO ACCOMPLISH

[9:55:15 AM]

THIS, WE ISSUED AN RFP FOR A VENDOR OR VENDOR TEAM.

UH, WE HAD A LOT OF GOALS WITH THAT.

UH, WITH THAT INIT, WITH THAT RFP, WE WANTED TO MAKE SURE THAT, UM, THERE WAS A VENDOR TEAM WITH RELEVANT EXPERIENCE AND STRONG CAPABILITIES.

UH, WE WANTED TO MAKE SURE THERE WAS, UH, ADEQUATE PLANNING, UH, UH, AND TIME TO PLAN FOR MAJOR TASK COMPLETION.

UH, EVEN THOUGH WE HAVE KIND OF CONSTRAINED TIMELINE BECAUSE OF ARPA FUNDING REQUIREMENTS, UH, WE WANTED TO BUILD OUT, UH, ESSENTIAL COMPONENTS OF A BUSINESS PLAN FOR A PROJECT TO DEVELOP, UH, A, A PLAN FOR BEST LONG-TERM SUCCESS.

WE ALSO WANTED TO HAVE A HIGH LEVEL OF COMMUNITY ENGAGEMENT AND LEADERSHIP DEVELOPMENT, ALONG WITH STRATEGIC PLANNING AND FEASIBILITY ANALYSIS.

THOSE THAT, UH, SO THAT WE HAD A, A STRONG AMOUNT OF COMMUNITY, WE HAD A STRONG COMMUNITY NEEDS INFORMING THE PLAN FOR THE STORE AS AND VICE VERSA.

[9:56:18 AM]

UH, IT'S REALLY ESSENTIAL, ESPECIALLY WITH COMMUNITY DRIVEN PROJECTS, TO HAVE, TO HAVE THAT HIGH LEVEL OF ENGAGEMENT UPFRONT.

UM, WE HAVE, UH, AND WE HAD SOME MAJOR, OH, UH, A FEW MORE.

UH, THERE WERE SOME MAJOR GOALS, UH, ALSO IDENTIFIED IN THE RFP THAT WOULD NEED TO BE ACHIEVED.

UH, CORE MILESTONES INCLUDE RECRUITING A CORE COMMUNITY COHORT OF, UH, STORE MEMBERS OR INVESTED OWNERS, UH, CUSTOMERS, UH, TO DEVELOP A LEADERSHIP TEAM, BASICALLY A STEERING COMMITTEE OR POTENTIALLY BOARD OF DIRECTORS, UH, TO HELP STEWARD AND LEAD THE PROJECT.

AND, AND MOST IMPORTANTLY, DEVELOP A BUSINESS PLAN FOR THIS INITIATIVE THAT IS, THAT IS FEASIBLE.

UH, THE GOAL WAS ALSO TO ESTO, YOU KNOW, USING THE FUNDING THAT WE HAD, UH, ESTABLISH SOME SORT OF PILOT PROGRAM SO WE CAN HAVE SOME ACTUAL EXECUTION, UH, THROUGH THIS, AND THEN HAVE THAT, HAVE A PILOT PROGRAM THAT COULD ALSO BE USED TO POTENTIALLY LEVERAGE ADDITIONAL FUNDS IN THE FUTURE

[9:57:15 AM]

FOR, UH, MORE PERMANENT, UM, PROJECT.

AND WE ALSO DECIDED TO DO THIS THROUGH A STANDARD RFP PROCESS BECAUSE, UH, THIS IS A COMPLEX PROJECT AND WANTED TO MAKE SURE THAT THERE WAS ADEQUATE TRANSPARENCY AND FAIRNESS FOR, UH, ALL VENDORS.

UM, THE VENDOR TEAM THAT WAS SELECTED, UH, IS LED BY GAVA, GO AUSTIN, VAMOS AUSTIN.

UH, THEY'RE A EXPERIENCED COMMUNITY, UH, ORGANIZING, UH, NON-PROFIT, AND THEY HAVE A GREAT DEAL OF EXPERIENCE, ESPECIALLY WITH RELEVANT, UH, PROJECTS.

UH, THEY LED A, UH, SUCCESSFUL PRODUCE DISTRIBUTION PROGRAM IN THE EASTERN CRESCENT, UH, SORT OF IN THE HEIGHT OF COVID, UH, WITH A HIGH LEVEL OF CIVIC ENGAGEMENT.

AND, AND THAT INVOLVED BUILDING AND ESTABLISHED NETWORK, UH, SORT OF COMMUNITY LEADERS AND RESIDENTS WITH A FOCUS ON FOOD ACCESS.

SO REALLY STRONG FIT FOR THIS PROJECT.

UH, THEY'RE SUPPORTED BY THE AUSTIN COOPERATIVE BUSINESS ASSOCIATION, WHICH HAS A LOT OF LOCAL EXPERTISE ON CO-OP DEVELOPMENT, PLANNING, FINANCIAL PLANNING, AND, AND COORDINATION, UH, AS WELL AS COLUM CONSULTANTS.

[9:58:18 AM]

THEY'RE ONE OF THE TOP CONSULTANTS IN THE COUNTRY, UH, FOR GROCERY CO-OPS, UH, AND COOPERATIVE COACHING, WHO'S ALSO HELPING WITH, UH, THE BUSINESS PLAN AND FUNDRAISING AND CAPITAL CAMPAIGN CONSIDERATIONS.

UH, CURRENT STATUS, UH, THE PROJECT IS GOING, UH, VERY WELL, AND WE'RE QUITE HAPPY WITH THE SUCCESSES THEY'VE HAD.

UH, THEY HAVE FORMED A LEADERSHIP COMMITTEE.

IT'S CURRENTLY EIGHT, UH, EIGHT PER, UH, EIGHT, UH, INDIVIDUALS, AS WELL AS TWO, UM, ORGANIZ, UH, REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS.

THAT LEADERSHIP COMMITTEE HAS UNDERGONE EXTENSIVE TRAINING AND PLANNING WORK OVER 350 HOURS IN TRAINING, UH, INCLUDING NUTS AND BOLTS, GROCERY, RETAIL, FOOD BUSINESS PLANNING, AS WELL AS, UH, OUTREACH AND LEADERSHIP TRAINING, FEASIBILITY TRAINING, UH, BUSINESS PLANNING SUPPORT.

UM, IT'S, UH, THEY'VE MET QUITE A LOT.

UH, CURRENTLY THERE'S THREE DIFFERENT LANGUAGES REPRESENTED ON THE STEERING COMMITTEE, ENGLISH, SPANISH, AND ARABIC.

WE'RE REALLY HAPPY ABOUT THE LEVEL OF DIVERSITY THAT THIS INITIATIVE HAS BROUGHT FORWARD.

UH, IN TERMS OF BUSINESS PLAN DEVELOPMENT, THAT'S GOING ALSO VERY WELL.

[9:59:18 AM]

UH, THE, THE, THE, UH, STEERING COMMITTEE AND THE CONSULTANT TEAM HAVE BEEN EXPLORING STORE DETAILS EXTENSIVELY.

UH, UH, WE HAVE, UH, FOLKS IN OUR DEPARTMENT HAVE BEEN ALSO SUPPLY, UH, HELPING WITH, UH, BUSINESS PLANNING GUIDANCE.

UH, A FINANCE COMMITTEE HAS BEEN DEVELOPED, UH, WITH LEADERSHIP FROM THE CONSULTANT TEAM.

UH, WE'VE, THEY'VE ACTUALLY COMPLETED, UH, A FEASIBILITY STUDY, WHICH IS GREAT.

THAT'S GONNA HELP, UH, INFORM A MARKET STUDY AND BUSINESS PLAN THAT WE ANTICIPATE FOR JANUARY, UH, JANUARY AND FEBRUARY OF, UH, THIS COMING YEAR.

UH, COMMUNITY MEMBERSHIP.

THAT'S ONE OF THE OTHER MAJOR MILESTONES.

UH, BUILDING A BASE OF SUPPORT.

WE'VE ASKED FOR, UH, IDENTIFYING AT LEAST 300, UM, POTENTIAL MEMBERS OR, OR JUST COMMUNITY MEMBERS WHO ARE WILLING TO COMMIT TO BEING PART AND ENGAGING IN THIS, IN THIS, IN THIS PROJECT, UH, THERE'S BEEN EXTENSIVE OUTREACH IN FIVE LANGUAGES, ENGLISH, SPANISH, ARABIC, PASHTO, AND VIETNAMESE.

UH, THIS, UH, OVER 33 DISTINCT ENGAGEMENT MEETINGS AND PRESENTATIONS HAVE BEEN HELD.

UH, I BELIEVE THEY'VE HAD OVER AT LEAST 150

[10:00:15 AM]

UNIQUE ENGAGEMENTS AS OF NOVEMBER WHEN, UH, WHEN THIS WAS DONE.

AND FOR OUR NEXT STEPS, WE'RE EXPECTING THE MARKET STUDY AND PLAN, UH, JANUARY, REVIEWING THAT IN THE SPRING, UH, JANUARY AND FEBRUARY.

UH, AND ALSO IN THE SPRING, WE'RE GONNA REVIEW THOSE CRUCIAL MILESTONES AND MAKE SURE THAT THEY'VE BEEN MET.

WE'RE GONNA REVIEW THAT BUSINESS PLAN, MAKE SURE THERE'S SOMETHING FEASIBLE THERE.

AND, UH, THROUGHOUT THE SPRING, UH, THROUGHOUT NEXT YEAR, BASICALLY, UH, WE'RE GOING, ASSUMING THOSE MILESTONES ARE MET AND WE HAVE A, A PLAN AND EVERYTHING'S READY TO GO, WE'LL HAVE SOME SORT OF PILOT INITIATIVE GOING.

UM, THERE'LL ALSO BE SOME LONG-TERM TECHNICAL ASSISTANCE AND CONSULTING, UH, ADDITIONAL REPORTING.

WE'RE ALSO LOOKING, UH, WE'VE ALSO BEEN EXPLORING ALONG WITH THE, UH, THE VENDOR TEAM, UH, DIFFERENT SOURCES OF, UH, FUNDING TO HELP KIND OF DEVELOP A LONG-TERM, UH, STORE.

UH, THAT INCLUDES PARTNERSHIPS WITH, UH, POTENTIALLY NON-PROFITS OR MEDICAL CENTERS, UH, FEDERAL FUNDING THAT UNFORTUNATELY HAS BEEN KIND OF HELD UP, UH, BASED ON FEDERAL ISSUES AND, UH, AND LONG-TERM MEMBERSHIP RECRUITMENT AND MEMBER INVESTMENTS.

[10:01:18 AM]

UM, AT THE END OF NEXT YEAR, UH, ARPA FUNDING ALL HAS TO BE SPENT BY NEXT DECEMBER.

UH, WE WILL REVIEW AND SEE WHAT WE CAN, UH, WHAT MIGHT BE AVAILABLE TO HELP MORE, UH, LONG-TERM FACILITIES IDENTIFICATION.

THANK YOU VERY MUCH.

THANK YOU.

ANY QUESTIONS FOR OUR CITY STAFF? GOOD DEAL.

THANK YOU.

THANK YOU MUCH.

DO WE HAVE, UM, GAVA, WILL Y'ALL BE PROVIDING ANY COMMENTS? NO.

HAVE ANY QUESTIONS? OKAY.

WELL, I GUESS THE KNOW I DO HAVE SOME QUESTIONS.

UM, THE, LET'S SEE, WHAT, WHAT ARE THE TWO COMMUNITY ORGANIZATION REPRESENTATIVES ON THE STEERING COMMITTEE? UM, BLACK FRANKLIN AND JORDAN.

I'M SORRY, WOULD YOU MIND SAYING THAT INTO THE RECORD PLEASE? LARRY FRANKLIN FROM, UM, BLACK LIFE VEGGIES AND JORDAN FROM FARM SHARE.

AND WOULD YOU MIND SHARING WHO THE INDIVIDUALS THAT COMPRISED THE STEERING COMMITTEE, DO WE HAVE A PROPORTIONATE REPRESENTATIVE, UH, OF THE TWO AREAS? 'CAUSE I KNOW Y'ALL WERE TARGETING NORTHEAST AND SOUTHEAST WHERE THE STEERING COMMITTEE MEMBERS ARE FROM NORTH END.

[10:02:15 AM]

YES, THEY'RE FROM, UM, FROM THE EASTERN CRESCENT.

OKAY.

FROM NORTH AND SOUTH.

I GUESS I'M SPECIFICALLY WANTING TO KNOW IF DELL VALLEY MEMBERS ARE INCLUDED.

NO, MA'AM.

THERE ARE NO DELL VALLEY REPRESENTATIVES ON THE STEERING COMMITTEE.

NO, NO, THAT'S THAT.

I DEFINITELY WANNA WORK WITH YOU ON THAT.

'CAUSE IF THAT TO ME IS REALLY IMPORTANT THAT WE HAVE PEOPLE FROM DELL VALLEY ON THE STEERING COMMITTEE, AND I'M HAPPY TO PROVIDE RECOMMENDATIONS AND MAKE CONNECTIONS, UH, TO ENSURE THAT WE HAVE THAT PERSPECTIVE AT THE TABLE.

AND, UH, AS FAR AS THE GROCERY STORE PILOT PROGRAM THAT IS SLATED TO, TO TAKE PLACE NEXT YEAR, ANY INSIGHT, ANY INFORMATION YOU'D LIKE TO SHARE ON THAT PIECE? UH, YES.

SO WE STILL HAVE, UM, I KNOW THE, THE STEERING COMMITTEE IS WORKING ON A FULL SERVICE GROCERY STORE PLAN.

[10:03:18 AM]

SO THAT INCLUDES LIKE, UH, PREP, GRAB AND GO FOOD, UM, UH, KITCHEN TO DO, TO PREPARE THE FOOD, UM, PRODUCE, UH, I WAS GONNA SAY, UH, DELI MEAT BUTCHER.

AND SO I THINK THE PILOT PROGRAM IS GONNA BE A VERY SCALED DOWN VERSION OF THAT.

IT MIGHT START WITH JUST PRODUCE AND BASIC LIKE HOME GOODS, BECAUSE IT DEPENDS ALSO ON THE LOCATION OF THE STORE.

IF WE CAN FIND A LOCATION THAT IS LIKE, READY TO BE USED AS A GROCERY STORE THAT COULD BE READY IN A COUPLE OF MONTHS, UM, THAT WOULD BE KIND OF LIKE AN IDEAL SITUATION THAT I DON'T KNOW HOW FEASIBLE THAT IS AT THIS MOMENT.

AND SO IT MIGHT TAKE MORE TIME TO, UH, I THINK THE PILOT IS GONNA BE A VERY SCALED DOWN VERSION OF THE STORE.

AND THEN MAYBE IN 2025 WORK ON MAKE LAUNCHING LIKE A FULL-SIZE GROCERY STORE.

[10:04:15 AM]

UH, THE PILOT IS ALSO GOING TO BE A CHANCE FOR THE COMMUNITY TO GET MORE INVOLVED AND LIKE ACTUALLY STOP SHOP AT THE STORE, GIVE FEEDBACK ON THE TYPES OF PRODUCTS THAT THEY WANT, UM, AND, UH, START TO JOIN THE CO-OP AS MEMBERS.

GOOD DEAL.

THANK YOU.

ANY OTHER QUESTIONS? CAN I ADD SOMETHING? COUNCIL MEMBER FUENTES, I JUST WANTED TO, UM, MENTION THAT THERE'S STILL OPPORTUNITY AND WE'RE STILL ENGAGING IN C COMMUNITY TO JOIN THE OUTREACH COMMITTEE AND THE FINANCE COMMITTEE AS WELL.

SO THE STEERING COMMITTEE, UM, WHEN WE WERE DOING THE ENGAGEMENT OUT IN THE COMMUNITY, UM, WE TAPPED INTO VARIOUS NEIGHBORHOODS, UM, RESIDENT LEADERS TO, UM, JOIN THE STEERING COMMITTEE.

UM,

[10:05:18 AM]

YOU KNOW, AND THEY WERE SELECTED FOR THE ONES WHO WANTED TO JOIN.

UH, BUT THERE'S STILL OPPORTUNITY AND WE'RE STILL SEEKING THOSE RESIDENTS TO GET INVOLVED IN, IN THE OUTREACH AND THE FINANCE COMMITTEE, WHICH IS STILL A LOT OF INFORMATION THAT WE'RE TAKING IN FROM THE COMMUNITY TO, UM, FINALIZE, FINALIZE THE BUSINESS PLAN.

THANK YOU.

THANK YOU.

I APPRECIATE THAT.
AND THEN ALSO, IF YOU WOULDN'T MIND SHARING WITH ME THE INFORMATION FOR SATURDAY'S BLOCK WALK, THAT'D BE HELPFUL.
YES.
SO SATURDAY, UM, IT'S THE BEGINNING OF MANY WALK BLOCK WALKS.
WE'RE GONNA START IN THE NEIGHBORHOOD 7, 8, 7 4 4 THAT DOES SPRING AREA, AND THAT'S GONNA BE THIS SATURDAY, UM, DECEMBER 16TH FROM NINE TO 12.
AND WE'RE GONNA GATHER, UM, AT THE SOUTHEAST LIBRARY.
AND THEN FROM THERE WE WILL, UM, TEAM UP IN SMALL TEAMS AND START THE

[10:06:15 AM]

BLOCK WALK.
WONDERFUL.
THANK YOU.
THANK Y'ALL SO MUCH.
YEAH.
ALL RIGHT.
THANK YOU.
THANK YOU VERY MUCH.
THANK YOU MR. JACKSON.
COLLEAGUES.

[5. Briefing on issues related to homelessness.]
NOW WE'LL MOVE ON TO OUR NEXT ITEM, ITEM NUMBER FIVE.
I WANNA WELCOME OUR HOMELESSNESS STRATEGY OFFICE FOR A BRIEFING ON ISSUES RELATED TO HOMELESSNESS.
WE'LL HAVE DAVID GRAY PROVIDE THE UPDATE.
THANK YOU.
ALRIGHT, THERE WE GO.
CAN YOU HEAR ME NOW? GREAT.
GOOD MORNING COUNCIL MEMBERS.
DAVID GRAHAM.

[10:07:18 AM]

I'M THE HOMELESS STRATEGY OFFICER FOR THE CITY OF AUSTIN, UH, MEETING WITH YOU TODAY TO GIVE, UH, AN UPDATE ON OUR OPERATIONAL ASSESSMENT.
UH, JUST AS A REMINDER, IN THE PAST TO WHEN THE HOMELESS STRATEGY OFFICE, WE WOULD COME BEFORE YOUR COMMITTEE, WE WOULD KIND OF DO A LIGHT TOUCH ON A LOT OF DIFFERENT TOPICS RELATED TO HOMELESSNESS.
MOVING FORWARD, WHAT WE'D LIKE TO DO IS BE ABLE TO PRESENT YOU WITH SOME DEEPER DIVES ON SOME OF THE KEY ISSUES AND, AND OPPORTUNITIES THAT WE SEE BEFORE US.
AND SO TODAY WE'LL TALK A LITTLE BIT ABOUT THE OPERATIONAL ASSESSMENT.
UH, THIS IS A, A LOT OF BACKGROUND ON THE CITY'S JUSTIFICATION FOR TRANSITIONING THE HOMELESS STRATEGY OFFICE, UH, FROM A DIVISION WITHIN THE AUSTIN PUBLIC HEALTH DEPARTMENT INTO A, A STANDALONE OFFICE.
AND AS PART OF THAT BACKGROUND, JUST AS A REMINDER, BACK IN JUNE OF THIS YEAR, OUR INTERIM CITY MANAGER, JESUS GARZA, INITIATED A SPECIAL ASSIGNMENT WHERE HE ASKED ME TO, TO COME ON BOARD AND TO WORK WITH FORMER HOMELESS STRATEGY OFFICER DIANA GRAY, TO ASSESS AND EVALUATE THE CITY'S RESPONSE TO HOMELESSNESS.
UH, AND WE EMBARKED ON THAT JOURNEY WITH TWO KEY GOALS IN MIND, ONE OF WHICH WAS THE FOCUS ON THE FULL TIME, UH, BROAD SPECTRUM OF ALL THE PROGRAMS AND POLICIES AND FUNDING THAT WE USE TO ADDRESS HOMELESSNESS.

[10:08:15 AM]

AND THE SECOND WAS TO TRY TO ARRIVE AT SOME OVERARCHING STRATEGIES THAT WOULD COHESIVELY ADVANCE OUR CITY'S WORK.
AND SO MY TEAM AND I EMBARKED ON, UH, A JOURNEY BEGINNING IN JUNE AND WRAPPING UP IN OCTOBER OF THIS YEAR.
UH, IN THE INTEREST OF TIME, I WON'T READ THROUGH ALL THE ITEMS ON THE SLIDE, UH, BUT AS YOU CAN SEE, WE, WE DID SOME EXTENSIVE WORK, INCLUDING LITERATURE REVIEWS OF, OF ALL THE PREVIOUS REPORTS AND FINDINGS AROUND THE CITY'S EFFORTS RELATED TO HOMELESSNESS, ATTENDING SITE VISITS, ENGAGING WITH COMMUNITY ORGANIZATIONS, BEING PRESENT, UH, FOR HEAL SITES, UH, AND, AND HEALED ACTIVITIES.

AND ALSO REACHING OUT TO OUR NEIGHBORING MUNICIPALITIES.
WE SENT, UH, STAFF TO VISIT FOLKS IN SAN ANTONIO AND, AND WITH FOLKS IN PHOENIX AND PHILADELPHIA.
UH, WE ALSO LOOKED TO SEE WHAT OUR PEER CITIES ARE DOING IN HOUSTON AND DALLAS AND IN OTHER PARTS OF THE COUNTRY, INCLUDING DENVER AND NASHVILLE, PHILLY AND SAN DIEGO.
AND, AND OUR GOAL HERE WAS TO REALLY UNDERSTAND WHERE WERE THE KEY OPPORTUNITIES FOR US TO RESPOND TO THE, THE, THE, THE, THE, THE PRESENCE OF HOMELESSNESS IN AUSTIN AS IT EXISTS TODAY.
YOU KNOW, WE UNDERSTAND THERE WAS A LOT OF WORK THAT WAS DONE PRIOR TO THIS SPECIAL ASSIGNMENT BEING LAUNCHED, AND I WOULD BE REMISS IF I DIDN'T ACKNOWLEDGE ALL THE CITY STAFF AND, AND COUNCIL MEMBERS WHO'VE WORKED TIRELESSLY FOR MANY YEARS ON TRYING TO HELP PEOPLE IN THEIR HOMELESSNESS.

[10:09:18 AM]

UH, THAT BEING SAID, HOMELESSNESS HAS EVOLVED OVER TIME.
AND SO WE WANT TO MAKE SURE THAT WE ARE RESPONSIVE TO, TO HOMELESSNESS AS IT EXISTS TODAY.
WHICH YOU CAN SEE ON THIS SLIDE IS THAT THERE'S A, A NUMBER OF DEPARTMENTS THAT HAVE SHARED IN OUR CITY'S RESPONSE TO HOMELESSNESS.
THERE'S MORE THAN TWO DOZEN DEPARTMENTS THAT IN, IN SOME WAY, SHAPE, OR FORM, DEDICATE STAFF, DEDICATE MONEY AND DEDICATE TIME TO TRY TO HELP PEOPLE IN AND RESOLVE THEIR HOMELESSNESS.
ONE OF THE KEY CHALLENGES THOUGH, IS THAT OFTENTIMES OUR DEPARTMENTS OPERATE WITHIN THEIR LANE, UH, IN, IN SOME CASES WITHIN THEIR SILO.
AND ALTHOUGH WE ALWAYS COMMUNICATED WITH EACH OTHER AROUND THE ACTIONS AND THE ACTIVITIES THAT WE TOOK, WE DIDN'T ALWAYS COLLABORATE PROACTIVELY.
AND, AND THAT WOULD RESULT SOMETIMES IN US TRIPPING OVER OURSELVES, UH, AND MISSING OPPORTUNITIES TO FULLY MAXIMIZE THE, THE WORK AND THE IMPACT OF THE WORK.
AND SO, AS WE THINK ABOUT OPPORTUNITIES FOR IMPROVEMENT, I JUST WANNA WALK THROUGH A FEW OF THEM WITH YOU HERE.
AND AGAIN, THESE ARE SOME OF THE JUSTIFICATIONS FOR WHY, UH, OUR CITY MANAGEMENT FELT IT WAS RESPONSIBLE AND NECESSARY TO MAKE THE HOMELESS STRATEGY OFFICE A STANDALONE ENTITY.

[10:10:15 AM]

THE FIRST IS AROUND CONTRACT MANAGEMENT.
IT'S KIND OF NO SURPRISE TO YOU ALL AND TO MANY IN OUR COMMUNITY THAT WE HAVE, UH, MORE THAN A HUNDRED CONTRACTS RELATED TO HOMELESSNESS.
AND THIS IS WORTH TENS OF MILLIONS OF DOLLARS.
UH, OFTENTIMES WHAT WE FOUND IS THAT OUR CONTRACTS HAVE BEEN MANAGED BY DIFFERENT DEPARTMENTS AND, AND SOMETIMES IN SOME CASES WITHOUT CROSS-DEPARTMENTAL COORDINATION AND COLLABORATION.
AND SO WE SEE THIS AS AN OPPORTUNITY FOR US TO CONSOLIDATE HOW WE STRATEGIZE AROUND OUR INVESTMENTS, EVERYTHING FROM DEVELOPING CONTRACTS TO MANAGING AND MONITORING THOSE CONTRACTS.
AND WE ALSO THINK THAT THIS WOULD NOT ONLY GIVE US THE OPPORTUNITY FOR BETTER OVERSIGHT, BUT ALSO YIELD BETTER OUTCOMES FOR CLIENTS BY BEING ABLE TO MOVE NIMBLY AND PIVOT FUNDING AND PIVOT INVESTMENTS, UH, AS NEEDED.
THE SECOND IS AROUND PROACTIVE COMMUNICATIONS.
I HAD MENTIONED BEFORE THAT FOR YEARS, OUR CITY HAS DONE A LOT OF GREAT WORK TO TRY TO HELP PEOPLE IN THEIR HOMELESSNESS.
UNFORTUNATELY, WE MISSED A LOT OF OPPORTUNITIES TO TALK ABOUT WHAT IT IS WE'RE DOING AND TO SHOW OUR WORK.
THE FACT OF THE MATTER IS, IS THAT THERE'S VERY SPARSE COMMUNICATION COMING OUT OF THE CITY ABOUT THE EFFORTS THAT WE'RE UNDERTAKING, AND THAT OUR MESSAGING COMES FROM MULTIPLE SOURCES, AND IT'S NOT ALWAYS COORDINATED.

[10:11:18 AM]

THE NEW STANDALONE OFFICE WILL ALLOW US TO COORDINATE A CONSISTENT STREAM ABOUT WHAT WE'RE DOING AS A CITY TO HELP PEOPLE IN THEIR HOMELESSNESS.

AND WE BELIEVE THAT IMPROVING THE CLARITY WILL HELP US REBUILD OUR TRUST WITH OUR COMMUNITY AND ALSO CHANGE PUBLIC OPINIONS WHEN IT COMES TO HOMELESSNESS.

THE FACT OF THE MATTER IS WE CAN'T GO THIS ALONE.

AND BY COMMUNICATING THE WORK THAT WE'RE DOING, WE'RE ABLE TO REMOVE SOME OF THE PREJUDICES AND SOME OF THE BIASES THAT OUR HOMELESS POPULATION FACE.

AND HOPEFULLY BY DOING THAT, WE CAN BRING MORE PARTNERS INTO THE SPACE TO COLLABORATE WITH US AS WE DO THIS WORK.

THE THIRD OPPORTUNITY FOR IMPROVEMENT IS PUBLIC SPACE MANAGEMENT.

UH, WE HAVE A, A LOT OF DEPARTMENTS THAT, AGAIN, DEDICATE A LOT OF STAFF TIME AND A LOT OF RESOURCES TO MAINTAINING THEIR PUBLIC SPACES.

THIS IS OUR PARKS, THIS IS OUR WATERWAYS, THIS IS OUR ROADS, OTHER LAND THAT, THAT THE CITY OWNS.

AND WHILE OUR DEPARTMENTS HAVE DONE A GREAT JOB ENGAGING WITH PEOPLE AND DOING OUTREACH AND DOING CLEANUPS, AND IN SOME CASES COMPASSIONATE CLOSURES, THERE ARE ALSO TIMES WHEN WE'VE MISSED OPPORTUNITIES TO TRULY COLLABORATE.

AND WHAT WE HAVE SEEN IS AN ENCAMPMENT MIGHT GET CLOSED ON A PARK AND THOSE INDIVIDUALS MOVE TO A FREEWAY UNDERPASS, AND THEN THEY MOVE FROM THE FREEWAY UNDERPASS TO A CREEK, AND THEN THEY MOVE FROM THE CREEK BACK TO THE PARK.

AND WE, WE DON'T WANNA PLAY THAT THE SHUFFLE GAME.

WE WANNA BE ABLE TO PROVIDE PEOPLE WITH ACCESS TO HOUSING.

[10:12:15 AM]

AND SO BY CENTRALIZING HOW WE DO OUR PUBLIC SPACE MANAGEMENT ALLOWS US TO GET MUCH MORE STRATEGIC AND FOCUSED ON DOING THE STREET OUTREACH THAT ENGAGES PEOPLE WITH HOUSING OPPORTUNITIES AND OTHER SOCIAL SERVICES, MAKING SURE THAT OUR PUBLIC SPACE IS CLEAN AND WHEN POSSIBLE THAT WE DO OUR COMPASSIONATE CLOSURES AND MOVE PEOPLE INTO SHELTER.

THE LAST ONE HERE THAT I WANNA MENTION IS GOVERNMENT RELATIONS.

WE, WE HAVE NOT HAD A DESIGNATED SINGLE POINT IN CONTACT TO MANAGE OUR RELATIONSHIPS WITH OUR OTHER GOVERNMENT AGENCIES.

THAT OBVIOUSLY INCLUDES YOU AS OUR CITY COUNCIL MEMBERS, BUT ALSO OUR NEIGHBORING JURISDICTIONS.

THERE'S A LOT OF FEDERAL FUNDS THAT FLOW INTO OUR CITY TO HELP WITH HOMELESSNESS.

WE WANNA MAKE SURE THAT WE HAVE A, A GREAT RELATIONSHIP WITH HUD AND OTHER FEDERAL AGENCIES THAT FUND THE WORK THAT HAPPENS HERE, AND ALSO WITH THE STATE OF TEXAS.

THE FACT OF THE MATTER IS, IS THAT WE, WE HAVE TO WORK EFFECTIVELY WITH THE STATE AND WITH OUR STATE AGENCIES TO DO THE GOOD WORK IN AUSTIN.

[10:13:18 AM]

AND SO BY HAVING A POSITION WITHIN OUR TEAM THAT'S EXCLUSIVELY FOCUSED ON GOVERNMENTAL RELATIONS, IT WOULD ALLOW US TO IMPROVE OUR COORDINATION WITH OUR NEIGHBORING JURISDICTIONS AS WELL AS WITH OUR COLLEAGUES AT THE STATE AND FEDERAL LEVELS.

AND WE BELIEVE THAT, THAT THIS WILL ALLOW US TO BRING MORE FUNDING INTO OUR COMMUNITY AND ALSO MAYBE GET AHEAD OF, OF ADVERSE POLICY AND PROGRAM CHANGES THAT COULD HAVE NEGATIVE IMPACTS ON OUR ABILITY TO DO THE WORK LOCALLY.

SO IN, IN ESSENCE, YOU KNOW, THE CITY ESTABLISHED THE HOMELESS STRATEGY DIVISION WITHIN THE AUSTIN PUBLIC HEALTH DEPARTMENT BACK IN DECEMBER OF 2019.

UH, AND AND WHILE A LOT OF GREAT WORK HAS HAPPENED, THE, THE TRUTH IS THAT THE STRUCTURE NO LONGER REFLECTS HOW HOMELESSNESS HAS SHOWED UP AND THE FACT THAT THIS IS A PRIORITY FOR OUR CITY.

[10:14:15 AM]

AND SO, AS YOU ALL KNOW, A FEW WEEKS AGO, OUR INTERIM CITY MANAGER ANNOUNCED THE CREATION OF THE HOMELESS STRATEGY OFFICE AS A STANDALONE OFFICE WITH KEY RESPONSIBILITIES, INCLUDING BUT NOT LIMITED TO MANAGING OUR CONTRACTS, SUPERVISING OUR OPERATIONS AT OUR CITY OWNED HOMELESS SHELTERS, ASSISTING WITH THE EXPANSION OF HOUSING AVAILABILITY ACROSS THE CONTINUING NEED.

DURING THE PUBLIC COMMENT SESSION, YOU HEARD FROM A SPEAKER THAT SAID, A LOT OF PEOPLE IN OUR COMMUNITY HAVE VOUCHERS, THEY JUST DON'T HAVE A PLACE TO GO.

AND SO OUR OFFICE WANTS TO PLAY AN ACTIVE ROLE IN HELPING EXPAND THE HOUSING AVAILABILITY.

AND THIS IS ACROSS THE CONTINUUM FROM SHELTER ALL THE WAY TO PERMANENT SUPPORTIVE HOUSING, WE'LL CONTINUE TO COORDINATE HOW WE DO PUBLIC SPACE MANAGEMENT AS A CITY.

AND LEAD COMMUNICATIONS REGARDING OUR EFFORTS TO END HOMELESSNESS WILL ALSO SERVE AS THE SINGLE POINT OF CONTACT FOR OTHER AGENCIES AND ORGANIZATIONS SEEKING INFORMATION FROM THE CITY.

IN THE PAST, YOU, YOU MIGHT GET BOUNCED AROUND

[10:15:18 AM]

TO A DEPARTMENT, RIGHT? JUST KIND OF DEPENDED ON WHO DID THE WORK.

NOW THERE'S A SINGLE POINT OF ENTRY, AND IT'S THE HOMELESS STRATEGY OFFICE.

AND WE'RE REALLY EXCITED TO PLAY THAT ROLE.

WE'LL ALSO CONTINUE TO WORK WITH ECHO AND OUR OTHER PARTNERS IN COMMUNITY TO UPHOLD BEST PRACTICES ACROSS OUR HOMELESS RESPONSE SYSTEM AND MAKE SURE THAT WE'RE DOING OUR PART TO ENGAGE WITH OUR LOCAL BUSINESS AND PHILANTHROPIC COMMUNITY TO RAISE FUNDS FOR ORGANIZATIONS THAT ARE DOING THE WORK IN THE SPACE.

YOU KNOW, WE WE'RE SPENDING A LOT OF AMERICAN RESCUE PLAN ACT DOLLARS ON OUR HOMELESS RESPONSE INITIATIVES AS A CITY.

THE TRUTH IS THAT THOSE DOLLARS WILL RUN OUT.

THAT'S ONE TIME MONEY.

AND SO WE NEED OUR BUSINESS COMMUNITY AND OUR PHILANTHROPIC COMMUNITY TO PLAY OUR BIGGER ROLE, UH, IMMATURE CITIES THAT HAVE REALLY STRONG LOCAL HOMELESS RESPONSE SYSTEMS. YOU SEE AN ACTIVE AND WILLING ENGAGEMENT OF THE BUSINESS AND PHILANTHROPIC COMMUNITY.

THAT WAS ONE OF OUR KEY TAKEAWAYS FROM OUR SITE VISITS AND OUR RESEARCH.

SO WE WANNA MAKE SURE THAT WE'RE DOING OUR PART TO HELP CULTIVATE THAT BASE OF SUPPORT HERE WITHIN AUSTIN.

UH, WE BELIEVE THAT OUR WORK WILL ENHANCE THE OUTCOMES.

AND, AND REALLY EVERYTHING THAT WE DO IS OBVIOUSLY FOR THE BENEFIT OF THE CITY, BUT MOST IMPORTANTLY, IT'S FOR THE BENEFIT OF THE PEOPLE WHO ARE LIVING UNSHELTERED EVERY DAY IN OUR COMMUNITY.

[10:16:15 AM]

AND SO WE BELIEVE THAT CREATING A STANDALONE, UH, OFFICE WILL ENHANCE OUTCOMES FOR OUR POPULATION.

THIS INCLUDES EVERYTHING FROM ENHANCING OUTCOMES BY HAVING MORE, UH, AGILE RESOURCE DEPLOYMENT AND ENHANCED TRACKING OF HOW WE'RE SPENDING FUNDING, FUNDING, UH, BRINGING ONLINE MORE SHELTER UNITS, AS WELL AS MORE UNITS FOR RAPID REHOUSING AND PERMANENT SUPPORTIVE HOUSING.

UH, WE WANT TO HAVE MORE RAPID AND NOTICEABLE CLEANUPS OF OUR PUBLIC SPACES.

UH, BUT AGAIN, THE, THE GOAL WITH CLEANUPS IS NOT JUST TO MOVE PEOPLE AROUND, BUT IT'S RATHER, IT, IT'S TO ENGAGE THEM IN THE CRITICAL SERVICES THAT THEY NEED TO REBUILD AND REPAIR THEIR LIVES AND LIVELIHOODS, WE SEE OURSELVES AS BRINGING MORE ROBUST AID TO PEOPLE EXPERIENCING HOMELESSNESS, ESPECIALLY IN THE AREAS OF MENTAL HEALTH AND SUBSTANCE USE.

AND COUNCIL MEMBER KNOW, YOU HAVE TO QUESTION WITH CENTRAL HEALTH A MOMENT AGO ABOUT THE RESPITE BEDS AT THE MARSHALING YARD.

THAT'S THE EXACT KIND OF PARTNERSHIPS THAT WE'RE LOOKING TO BRING ON BOARD TO MAKE SURE THAT WE ARE LEVERAGING OUR CITY RESOURCES TO PLUG THE GAPS.

AND DOING SO IN COLLABORATION WITH OUR PARTNERS LIKE CENTRAL HEALTH AND INTEGRAL CARE.

WE DO BELIEVE THAT WE'RE GONNA BE ABLE TO INCREASE PUBLIC AWARENESS ABOUT THE WORK THAT'S HAPPENING FROM THE CITY.

[10:17:15 AM]

AND WITH THAT COMES ENHANCED SUPPORT FOR OUR HOMELESSNESS EFFORTS.

AND LAST, BUT CERTAINLY NOT LEAST, UH, WE WILL BROADEN THAT DONOR BASE AND BRING MORE SUSTAINABLE NON-CITY FUNDING RESOURCES TO THE TABLE TO HELP US IN THIS WORK.

SO JUST SOME QUICK NEXT STEPS AS WE EMBARK ON ESTABLISHING THE HOMELESS STRATEGY OFFICE.

UH, WE, WE ARE TRANSFERRING SOME STAFF FROM OTHER CITY DEPARTMENTS INTO THE HSO.

AND SO OUR PHASE ONE INCLUDES COMPLETING THOSE, THOSE, THOSE TRANSFERS, AS WELL AS FILLING VACANT POSITIONS THAT WE CURRENTLY HAVE.

UH, I, I LIKE TO HAVE A VACANCY RATE OF 0%.

AND SO THAT IS OUR GOAL, IS TO HAVE ALL OF OUR POSITIONS FILLED AND TO, TO COMPLETE THAT WORK.

BY JANUARY, WE'LL ALSO FINALIZE OUR INTERNAL REVIEW OF THOSE HOMELESSNESS CONTRACTS AND SPENDING, UH, WE'VE BEEN DOING THIS WORK FOR SEVERAL WEEKS NOW.

IT, IT'S, AGAIN, IT'S A HUNDRED CONTRACTS, UH, BUT WE ARE GONNA FINALIZE OUR REVIEW AND, AND REALLY GET SOME CLARITY ON WHERE WE CAN MAXIMIZE THE INVESTMENTS WITH OUR LIMITED DOLLARS.

[10:18:18 AM]

WE'RE ALSO WORKING ON A COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN, AND WE LOOK FORWARD TO HAVING THAT WORK FINALIZED IN QUARTER ONE OF NEXT YEAR, NEXT CALENDAR YEAR.

PHASE TWO WILL INCLUDE COMPLETING TRANSFERS OF WORK PORTFOLIOS INTO THE HOMELESSNESS STRATEGY, THE HOMELESS STRATEGY OFFICE.

UH, THIS INCLUDES MAKING SURE THAT ALL OF OUR SYSTEMS WITH CONTRACT MANAGEMENT AND PUBLIC SPACE MANAGEMENT ARE LOCKED DOWN, GOOD TO GO, STAFF ARE TRAINED, AND WE CAN TAKE ON THAT WORK.

AND THEN PHASE THREE IS, UH, WE'RE GONNA BRING OUR BUDGET REQUEST OF THE CITY MANAGER'S OFFICE, UH, AS PART OF THE FY 25 BUDGET PROCESS.

AND IN TURN, UH, CMO WILL WILL PROBABLY BRING IN FORTH, UH, THAT INAUGURAL HSO BUDGET TO YOU ALL FOR YOUR CONSIDERATION AT THAT TIME.

SO, COUNCIL MEMBERS, I MEAN THAT, THAT'S IT FOR THE PRESENTATION.

I KNOW I RAN THROUGH THAT PRETTY QUICKLY.

JUST IN THE INTEREST OF TIME, I'M HAPPY TO ANSWER ANY QUESTIONS, BUT AGAIN, I, I JUST WANNA THANK THE STAFF THAT HAVE BEEN DOING THIS WORK LONG BEFORE WE WERE OUR HOMELESS STRATEGY OFFICE.

[10:19:15 AM]

I WANNA THANK THE STAFF THAT WE HAVE NOW WHO ARE COMMITTED TO CONTINUING TO DO THIS WORK. AND MOST IMPORTANTLY, THANK OUR COMMUNITY PARTNERS FOR SHOWING UP IN COLLABORATION WITH US.

UH, AGAIN, THE MISSION IS TO HELP END HOMELESSNESS IN AUSTIN, AND, AND WE'RE COMMITTED TO DOING THAT.

UH, BUT WITH THAT, I'LL YIELD THE FLOOR BACK TO YOU, MADAM CHAIR, AND HAPPY TO ANSWER ANY QUESTIONS.

THANK YOU.

YES.

COUNCILOR VELA? NO, JUST, UH, GLAD TO HEAR ABOUT THE, THE HOMELESS DIVISION OFFICE AS A, A STANDALONE.

AND, AND, UH, MY QUESTION, MY ONLY QUESTION ACTUALLY WAS JUST WERE Y'ALL GONNA BRING THE CONTRACTS WITH YOU? BUT YES.

UH, IT SEEMS TO BE A A, A YES, HUH? YES, SIR.

AND THAT'S PART OF THE REVIEW THAT WE'RE DOING.

THERE WILL BE SOME INSTANCES WHERE IT MIGHT MAKE SENSE FOR OUR CONTRACT TO REMAIN IN THE DEPARTMENT THAT IT'S AT, AND THAT'S JUST, IF THE SUBJECT MATTER EXPERTISE IS IN THAT DEPARTMENT, WE MIGHT LEAVE IT THERE.

[10:20:18 AM]

SORRY.

MM-HMM.

UM, BUT THE VAST MAJORITY OF THE CONTRACTS WILL COME OVER TO HSO.

GREAT.

WELL, I'M, I'M GLAD TO HEAR THAT.

I KNOW WE OUTSOURCE A LOT OF OUR, UM, SOCIAL SERVICES AND, UH, WHICH IS FINE.

I MEAN, YOU KNOW, WE DON'T HAVE TO BE DO EVERYTHING IN-HOUSE, BUT I THINK THE SUPERVISION, YOU KNOW, REVIEW MANAGEMENT OF THAT CONTRACT, I, I, I CAN TELL THAT'S REALLY BEEN ONE OF MY TAKEAWAYS FROM THE LAST, UH, YOU KNOW, TWO YEARS ON COUNCIL IS JUST HOW IMPORTANT IT IS.

AND, AND, AND WE'VE GOTTA GET THAT RIGHT AND MAKE SURE THAT THE AGENCIES ARE FULFILLING THE CONTRACTS AND MAKE SURE THAT, YOU KNOW, THINGS ARE JUST RUNNING SMOOTHLY BETWEEN, UH, THE CITY AND ITS, UH, AND ITS CONTRACTORS AND ITS PARTNERS.

SO, UH, JUST YOU GOOD LUCK WITH THAT AND, AND, UH, BUT DEFINITELY SUPPORT THE, THE HOMELESS STRATEGY OFFICE OF BEING, UH, ON ITS OWN NOWADAYS.

[10:21:15 AM]

THANK YOU.

THANK YOU.

YES, VICE CHAIR.

I THANK YOU.

FIRST, THANK YOU FOR YOUR SERVICE.

I KNOW THERE'S BEEN A LOT OF CHANGE IN THE LAST FEW MONTHS WITH THE HOMELESS STRATEGY DIVISION, AND I'M EXCITED TO SEE IT AS A STANDALONE.

ALSO.

I DID HAVE A QUESTION, UM, AND ALSO FOR, UH, THE, THE CONTRACT STREAMLINING.

AND I KNOW YOU AND I HAD TALKED ABOUT THAT BEFORE, AND THAT'S, IT'S JUST AMAZING WORK.

UM, HOW MANY PEOPLE DO YOU HAVE ON STAFF NOW IN THAT DEPARTMENT? SO CURRENTLY WE HAVE 30 STAFF, UM, AND WE'RE LOOKING TO EXPAND THAT TO ABOUT 60 STAFF.

WHAT IS, WHAT IS, THANK YOU FOR THAT.

WHAT IS YOUR VISION ON, UH, WE HEARD HERE FROM SOME COMMUNITY MEMBERS ABOUT INCLUDING MORE? I, I KNOW THAT HAVING E UH, VARIOUS DEPARTMENTS DOING VARIOUS THINGS, IT MAKES IT DIFFICULT TO WRAP EVERY, EVERYTHING UNDERNEATH.

[10:22:18 AM]

SO I APPRECIATE WHAT YOU'RE DOING WITH THIS, BUT HOW DO YOU VIS ENVISION, UH, INCLUDING MORE COMMUNITY PARTICIPATION IN THE WAY THE OFFICE IS MOVING? YEAH, THAT'S A FANTASTIC QUESTION.

SO PART OF WHAT WE'RE GONNA DO AS AN OFFICE IN THE BEGINNING OF NEXT YEAR IS FINALIZE THAT COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN.

YOU KNOW, WE, WE WANNA MAKE SURE THAT WE ARE BEING INTENTIONAL ABOUT CREATING OPPORTUNITIES FOR OUR COMMUNITY TO ENGAGE WITH US.

WE'VE BEEN INVITED TO COMMUNITY MEETINGS, AND WE'VE SHOWED UP THERE.

I KNOW IN THE PAST, WE'VE ALSO HELD QUARTERLY, UH, VIRTUAL MEETINGS WHERE COMMUNITY MEMBERS WERE ABLE TO COME IN AND, AND ASK US ANYTHING.

UH, WE MEET REGULARLY WITH, UH, DIFFERENT HOMELESS ADVISORY COUNCILS.

AND, AND OFTENTIMES WE'LL ALSO MEET WITH OUR SHELTER PARTICIPANTS TO GET THEIR FEEDBACK ON KIND OF HOW THINGS ARE GOING AND, AND WHAT'S WORKING WELL AND WHAT'S NOT WORKING WELL.

[10:23:15 AM]

YOU KNOW, AT THE END OF THE DAY, OUR GOAL IS TO HAVE, UH, A FEEDBACK MECHANISM THAT CATERS TO, TO ANYBODY, RIGHT? WHERE YOU CAN ENGAGE WITH US IN ANY WAY THAT YOU SEE AND, AND, AND FEEL COMFORTABLE, WHETHER THAT'S PUBLICLY IN A COMMUNITY MEETING OR PRIVATELY THROUGH AN ANONYMOUS SUBMISSION.

SO AS WE GET SOME CLARITY AROUND OUR COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN, WE'LL BE ABLE TO COME BACK TO YOU AND TO THE COMMUNITY, UH, WITH MORE SPECIFICITY ON WHAT THOSE OPPORTUNITIES WILL LOOK LIKE.

THANK YOU.

UM, WELL, GOOD LUCK WITH THE, WITH THE NEXT STEPS.

AND IF, UH, YOU KNOW, IF YOU NEED ANYTHING FROM US, YOU KNOW WHERE TO FIND US.

YES, SIR.

THANK YOU.

THANK YOU.

UH, INCREDIBLE PRESENTATION.

THANK YOU, MR. GRAY, FOR THE THOROUGH, UM, ANALYSIS THAT YOU'VE PROVIDED.

[10:24:18 AM]

AND I REALLY LIKE THE WAY YOU OUTLINE THE OPPORTUNITIES FOR IMPROVEMENT, HAVING HSO REALLY FOCUSED ON CONTRACT MANAGEMENT, PROACTIVE COMMUNICATIONS, PUBLIC SPACE MANAGEMENT, GOVERNMENT RELATIONS, I THINK THOSE ARE ALL KEY AREAS THAT WE CAN REALLY LEAN, LEAN INTO.

SO I APPRECIATE YOUR LEADERSHIP IN THIS.

UM, AS FAR AS, YOU MENTIONED THAT THE CONTRACT MANAGEMENT, YOU'RE DOING THE ASSESSMENT AND YOU'LL LIKELY HAVE SOMETHING OR SOMETHING FINALIZED WITHIN THE NEXT FEW MONTHS, IS THAT RIGHT? YES, MA'AM.

OKAY.

AND IS THAT SOMETHING THAT WILL BE SHARED WITH COUNCIL OR SHOULD WE, HOW, HOW WOULD THAT BE SHARED OUT? YES, MA'AM.

WE'RE, WE'RE, WE DO INTEND TO SHARE THAT WITH COUNCIL, UM, AND, AND HAVE THE OPPORTUNITY TO GO THROUGH THAT, THAT RESEARCH AND THOSE FINDINGS WITH YOU AND THE OTHER MEMBERS OF COUNCIL AND THE MAYOR, OF COURSE, AS WELL AS OUR CITY MANAGEMENT TEAM.

[10:25:15 AM]

I DON'T KNOW EXACTLY WHAT THAT'S GONNA LOOK LIKE NOW, AND THAT'S JUST BECAUSE WE'RE STILL IN THE PROCESS OF GOING THROUGH ALL THOSE CONTRACTS AND REALLY GETTING SOME CLARITY AROUND THE HISTORICAL SPEND, HOW WE'VE MONITORED PERFORMANCE, AND WHAT DO WE THINK ARE THE OPPORTUNITIES MOVING FORWARD, AND, AND WHY DO WE FEEL LIKE, UH, CERTAIN INVESTMENTS MAKE THE MOST SENSE FOR THE CITY AT THIS TIME.

WE'RE ALSO DOING SOME OF THIS WORK IN COLLABORATION WITH OTHER PARTNERS AND, AND, AND, AND GOVERNMENT AGENCIES, COMMUNITY ORGANIZATIONS.

[10:26:18 AM]

AND SO PART OF IT IS FIGURING OUT WHAT MAKES THE MOST SENSE FOR THE CITY, BUT ALSO WITHIN THE CONTEXT OF WHAT IS GOING ON WITH THE COUNTY AND WITH CENTRAL HEALTH AND WITH OTHER FOLKS.

SO AS WE CONTINUE DOWN THAT WORK, UH, AND WE START TO GET TO THOSE, SOME, THOSE CONCLUSIONS, I THINK WE'LL START GETTING SOME CLARITY AROUND HOW WE'LL BRING THAT TO COUNCIL IN, IN WHAT FORM OR FASHION.

THANK YOU.

AND I APPRECIATE THAT, AND I APPRECIATE THE COMMITMENT FROM OUR OTHER PUBLIC ENTITIES LIKE TRAVIS COUNTY AND, UH, CENTRAL HEALTH INTEGRAL CARE.

UH, AND I BELIEVE THE MEDICAL SCHOOL'S ALSO INVOLVED, YOU

[10:27:15 AM]

KNOW, EVERYONE, YOU KNOW, TAKING A LOOK AT THEIR RESPECTIVE ROLES WITH ADDRESSING HOMELESSNESS AND, AND COMMITTING TO, TO SHARING THAT BACK OUT WITH OUR COMMUNITY.

I THINK THAT'S, THAT'S A REALLY BIG DEAL.

ALL RIGHT.

THANK YOU.

THANK YOU ALL.

COLLEAGUES.

WE ARE NOW,

[3. Discussion and possible action regarding possible re-appointment of Maram Museitif and review applications to fill vacancies for the Central Health Board of Managers.(part 1 of 2).]

UH, ON OUR NEXT ITEM, WHICH IS DISCUSSION AND POSSIBLE ACTION ON APPOINTMENTS TO THE CENTRAL HEALTH BOARD OF DIRECTORS.

THIS IS ITEM NUMBER THREE.

AND, UM, WE ARE GOING, YOU ALL SHOULD HAVE RECEIVED THE APPLICATION MATERIALS FROM STEPHANIE HALL.

THEY'RE IN YOUR INBOX.

THESE ARE APPLICATIONS FOR THE CENTRAL HEALTH BOARD.

WE DO HAVE, UH, TWO APPOINTMENTS, UH, AVAILABLE FOR CITY COUNCIL TO MAKE.

UH, WE HAVE ONE MEMBER WHO RECENTLY RESIGNED AND ANOTHER WHOSE TERM ENDS THIS MONTH.

SO I'D LIKE TO TAKE A PAUSE

[Executive Session]

ON THIS ITEM AND TAKE THIS CONVERSATION INTO EXECUTIVE SESSION.

IS THERE ANY OBJECTION TO THAT? OKAY.

THE COMMITTEE WILL NOW GO INTO CLOSED SESSION TO TAKE UP ONE ITEM PURSUANT TO SECTION 5 1 0 7 4 OF THE GOVERNMENT CODE.

THE COMMITTEE WILL DISCUSS PERSONNEL MATTERS RELATED TO THE SELECTION OF MEMBERS TO THE CENTRAL HEALTH BOARD OF DIRECTORS.

ANY OBJECTION, SEEING NONE, WE WILL NOW HEAD INTO EXECUTIVE SESSION.

[10:28:15 AM]

[10:45:10 AM]

[3. Discussion and possible action regarding possible re-appointment of Maram Museitif and review applications to fill vacancies for the Central Health Board of Managers.(part 2 of 2).]

WE ARE NOW OUT OF CLOSED SESSION.

IN CLOSED SESSION, WE DISCUSSED PERSONNEL MATTERS RELATED TO ITEM NUMBER SEVEN.

AND SO TODAY WE ARE GOING TO, WE WERE CONSIDERING TAKING ACTION ON THE REAPPOINTMENT OF MAYOR IFF AND REVIEWING APPLICATIONS TO FILL VACANCIES.

UM, WE DECIDE THAT WE WILL PROCEED WITH MAKING A MOTION TO, FOR THE REAPPOINTMENT OF MAYOR IFF.

AND THEN WE REVIEWED APPLICATIONS FOR THE OTHER VACANCY.

AND WE WILL BE MOVING FORWARD WITH INTERVIEWS, WHICH THE COMMITTEE WILL SCHEDULE FOR JANUARY TO CONSIDER THE, THE VACANCY TO FILL THE ROLE FOR CENTRAL HEALTH.

MM-HMM, .

ALL RIGHT.

SO CAN I GET A MOTION FOR THE REAPPOINTMENT VICE CHAIR? VELASQUEZ MOVES TO REAPPOINT MAYOR MAIVE TO THE BOARD OF CENTRAL HEALTH, SECONDED BY COUNCIL MEMBER VELA.

[10:46:12 AM]

ANY OBJECTION DISCUSSION? ALL RIGHT.

WITH THAT, IT STANDS APPROVED.

THANK YOU.

AND THANK YOU SO MUCH.

AND I KNOW WE HAVE OUR CENTRAL HEALTH BOARD MEMBER IN THE AUDIENCE WITH US TODAY.

UH, MAYOR IV, WE THANK YOU FOR YOUR SERVICE AND LOOK FORWARD TO HAVING YOUR SERVICE ON THE, ON THE BOARD OF CENTRAL HEALTH.

UH, IF YOU'D LIKE TO SAY ANY COMMENTS, PLEASE FEEL FREE, OR, YOU KNOW, MIGHT AS WELL SINCE WE HAVE YOU HERE, , WELCOME.

WELL, GOOD MORNING.

OKAY.

THANK YOU.

WELL, GOOD MORNING EVERYONE.

UM, GOOD MORNING COUNCIL MEMBERS AND COMMITTEE.

AND I THANK YOU FOR THE REAPPOINTMENT.

I'M REALLY HUMBLLED TO CONTINUE ON SERVING ON THIS REALLY IMPORTANT, UM, BOARD THAT IT, UM, AND I BELIEVE EVERY DECISION WE MAKE REALLY IMPACTS PEOPLE'S LIVES, AND THAT'S WHAT REALLY MAKES IT, UM, REALLY, UM, A DIFFICULT AND CHALLENGING, UH, BOARD TO SERVE.

AND MOST IMPORTANTLY, WHAT MATTERS TO ME IS ADDRESSING HEALTH INEQUITIES FOR MOST VULNERABLE INDIVIDUALS.

[10:47:15 AM]

UM, SO AS YOU PROBABLY MAY KNOW, I AM, UM, I, I JUST DEFENDED MY DISSERTATION.

I AM NOW DR.

IN PUBLIC HEALTH.

AND MY, UM, DISSERTATION WAS REALLY ABOUT ADDRESSING, UM, HEALTH INEQUITIES THAT RESOLVE, UM, REVOLVES AROUND CANCER, UM, SURVIVORSHIP AMONG UNDERSERVED, UM, INDIVIDUALS.

SO I'M REALLY PASSIONATE IN THIS AREA.

I HAVE NO IN AND OUT.

UM, AND I AM REALLY HUMBLLED TO CONTINUE ON SERVING AND TO WORK, UM, COLLABORATIVELY WITH YOU, THE CITY OF AUSTIN AND OUR COUNTY, AND WITH OUR PEOPLE, AND BE IN PEOPLE'S VOICE AT THE TABLE.

SO I WELCOME ANY QUESTIONS, AND IF YOU HAVE ANYTHING, I'LL BE MORE THAN HAPPY.

AND AGAIN, I EXTEND MY HEARTFUL GRATITUDE AND THANK YOU FOR THIS REAPPOINTMENT.

THANK YOU.

THANK YOU SO MUCH, COLLEAGUES.

WONDERFUL.

OKAY, WITH THAT, OUR LAST ITEM FOR OUR COMMITTEE IS, UM, WE'VE COVERED ALL OF OUR ITEMS.
LOOK AT THAT.

OKAY.

SO , UM, EVERYONE, THANK YOU FOR YOUR PARTICIPATION AND CONTRIBUTION TO TODAY'S
IMPORTANT CONVERSATION.

WANNA THANK AMELIA CASA WITH MY TEAM FOR HER HELP, AND JUANITA JACKSON FOR HER HELP,
AND, UH, STEPHANIE HALL FOR HER HELP.

AND WE HAVE A MIGHTY TEAM BEHIND THE SCENE WHO MAKES SURE THAT WE DO EVERYTHING THAT
WE CAN TO RUN A SMOOTH COMMITTEE PROCESS.

SO I REALLY APPRECIATE YOU ALL, UM, AND WITH NO FURTHER BUSINESS, I ADJOURN THIS MEETING AT
10 48.

THANK YOU.

[10:48:07 AM]